

**FREW V. SUEHS JULY 2011 QUARTERLY MONITORING REPORT
MARCH 2011 THROUGH MAY 2011**

CONSENT DECREE INTRODUCTION		
<i>NEW AND/OR UPDATED INFORMATION IS IN BOLD FONT</i>		
	Summary of Decree or Corrective Action Order Requirements	STATUS
¶ 2	Texas Health Steps (THSteps) is intended to provide comprehensive, timely, and cost effective health services to indigent children and teenagers who qualify for Medicaid benefits.	<p>Texas filed the Form 416 Centers for Medicare Services (CMS) Annual Early Periodic Screening, Diagnosis, and Treatment Participation Report (CMS 416) for federal year 2010 on March 31, 2011. HHSC provided it as Exhibit 1 in the April 2011 QMR, and advised the Court of CMS's significantly changed instructions for completing the 2010 report</p> <p>In June 2011, CMS notified the states of an error in its revised instructions, which had resulted in a higher than expected average period of eligibility for younger children. Calculated as per CMS' revised instructions, values could exceed 1.0 (or more than 12 months for the year.) CMS therefore revised the instructions a second time, offering states the opportunity to re-file their 2010 reports. Texas filed its revised 2010 CMS-416 on July 7, 2011. A copy is attached as EXHIBIT 1.</p> <p>The current instructions change the calculation for line3a. Total Months of Eligibility. This change impacts results for lines:</p> <ul style="list-style-type: none"> • 3b Average Period of Eligibility, • 4 Expected Number of Screenings per Eligible, • 5 Expected Number of Screens, • 7 Screening Ration, • 8 Total Eligibles Who Should Receive At Least One Screen, and • 10 Participation Ratio. <p>When comparing the original to the revised report:</p> <ul style="list-style-type: none"> • Screening ratio increased from 0.65 on the original report to 0.76 on the revised report. • Participation ratio decreased from 0.68 on the original report to 0.65 on the revised report.

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¶ 3	Children and teenagers who qualify for Medicaid are entitled to all needed follow up health care services that are permitted by federal Medicaid law.	<p>The <i>Corrective Action Order: Prescription and Non-Prescription Medications; Medical Equipment and Supplies</i> requires an analysis of contracted pharmacies' claims history for emergency prescriptions. The first analysis was completed in February 2009, and a summary of the analysis and plan for education of Medicaid-contracted pharmacies was submitted in the April 2009 QMR Exhibit 1. The second analysis will be completed in February 2012.</p> <p>Defendants have finalized requirements for a consultant to identify reasons some pharmacies provide fewer than expected 72-hour emergency prescriptions. The consultant(s) will also provide recommendations for additional targeted education to address issues identified through its research. Consultant contracts are being routed through final stages of HHSC approvals. Details and next steps will be provided in future QMRs.</p>
¶ 9	By July 1996, Department of State Health Services (DSHS) will develop the capacity to conduct epidemiologic studies of the THSteps population to determine if the program is improving class member's health.	Completed.
Corrective Action Order (CAO) Adequate Supply of	Status of strategic initiatives.	<p>A status summary of <i>Frew</i> Strategic Medical and Dental Initiatives is provided as EXHIBIT 2.</p> <p>As detailed in EXHIBIT 2, more than half of the initiatives implemented pursuant to this CAO will either become part of Defendants' operating budgets or regular Medicaid client services, effective September 1, 2011. At that point, these will no longer be "strategic initiatives" and</p>

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Health Care Providers		Defendants will stop providing quarterly reports on them as such. Other initiatives have either been completed or will be completed by August 31, 2011. Others will be discontinued due to budgetary constraints. Defendants updated the Frew Advisory Committee on the status of all initiatives on July 19, 2011.

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¶¶ 10-14	Effectively informing class members about THSteps involves: <ul style="list-style-type: none"> • Written information. • Face-to-face oral informing. • Oral outreach by outreach units. • Coordinated efforts with other agencies. • Media efforts. Information must be provided	<p>Defendants inform class members about Texas Health Steps (THSteps) services in several ways, including the distribution and use of written materials, oral outreach, and coordination with other agencies.</p> <p>Some of the outreach and informing materials used to inform class members about THSteps services, such as brochures and scripts, provide general information about THSteps services, while others address more specific topics such as newborn screening, hearing detection and intervention, case management and dental services.</p> <p>Defendants develop outreach and informing materials using plain language principles and consistent terms and phrases outlined in the <i>HHS Consumer Information Tool Kit</i>, which is available at: http://www.hhsc.state.tx.us/Medicaid/CommunicationsResources.shtml.</p>

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	<p>in a manner convenient to the class member or responsible adult and can be provided to other family members. Information must be:</p> <ul style="list-style-type: none"> • Relevant to class members' needs. • Reasonably interesting. <p>Presented in a manner sensitive to different backgrounds.</p> <ul style="list-style-type: none"> • Presented in a way that encourages the full use of services. 	<p>Defendants work to ensure these materials are interesting, relevant to class members' needs, understandable, culturally sensitive, positive, and encourage the use of THSteps services. Defendants regularly review these outreach and informing materials, and update them as needed. Written materials are distributed to HHSC eligibility offices, MAXIMUS, providers, the general public, and other governmental and community agencies on either a routine or ad hoc basis for distribution to class members.</p> <p>Defendants attempt to provide oral outreach to all class members who are referred after an eligibility determination, referred by a health-care provider, and to other targeted groups of class members. Oral outreach is offered and provided in ways convenient to class members, including telephone, office visits, and home visits. Every effort is made by MAXIMUS staff (the Texas Health Steps outreach unit) to meet all the needs of class members during each encounter, and all class members are strongly encouraged to fully use the services available to them.</p> <p>In addition, DSHS, HHSC and their contractors work with state agencies, providers, and community-based partners that interact with class members on a routine basis to enhance their overall knowledge of THSteps services so information may be passed on to class members. These efforts include, but are not limited to:</p> <ul style="list-style-type: none"> • Training of regional 2-1-1 teams. • Attending community-based organization meetings. • Conducting updates for agency staff that interact with managed care organizations. • Conveying information on THSteps services to providers on a routine basis. <p>For additional information to further support the coordination of outreach and informing</p>

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		<p>efforts with other agencies, see ¶ 65, the <i>DSHS THSteps Provider Relations Activities Report</i>, EXHIBIT 3, and the <i>THSteps Monthly MAXIMUS Reports</i> for the months of March, April, and May, 2011, EXHIBIT 4.</p> <p><i>See also, ¶ 65</i></p>
¶ 15	Delete or change the program name by 9/30/95.	Completed.
¶ 16	Federal law requires the THSteps program to provide periodic medical screens and dental services. To avoid confusion, the following terms in English and Spanish will be used: a medical or dental service provided in accordance with the periodicity schedules will be called a “checkup/examen” and a dental service provided to encourage timely use of dental checkups will be called a “dental scan/inspección dental.”	<p>Defendants use “medical or dental checkup” to refer to Texas Health Steps (THSteps) periodic preventive medical and dental checkups in published documents in English. The term “examen” is used in Spanish communications regarding the THSteps checkups.</p> <p>Since the term “dental screen” is commonly used and recognized by dentists, DSHS uses the terms “dental screen” and “pruebas de detección” in place of “dental scan.” This is to make the distinction for participants and their parents or caretakers that the dental screen does not constitute a THSteps dental checkup, and THSteps encourages participants to get their checkups.</p> <p>The DSHS Oral Health Program regional dental teams perform dental screens on class members when conducting the basic screening survey and during school-based dental sealant projects for which parental permission for the dental screen has been obtained.</p>
¶ 17	Written materials: provide	<u>Written Materials (Due letters, Brochures and Fliers)</u>

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	various forms of written materials to explain THSteps and encourage its use. Materials include reminder letters, brochures, fliers, and Medicaid ID forms.	<p>Defendants inform class members and their families about Texas Health Steps (THSteps) and encourage full use of services using various written materials including letters, brochures, fliers, and posters that explain the THSteps program and remind class members when a checkup is due. Defendants develop these materials using plain language principles and consistent terms and phrases outlined in the <i>HHS Consumer Information Tool Kit</i>, which is available at: http://www.hhsc.state.tx.us/Medicaid/CommunicationsResources.shtml.</p> <p>Defendants regularly review these materials and update them as needed.</p> <p><u>Due Letters</u> Each month, DSHS provides the THSteps outreach unit, operated by MAXIMUS, with a list of class members who will be due for a medical or dental checkup during the following month. MAXIMUS sends letters to these class members during the first ten working days of the month in which the checkup is due. Defendants now send the required letter regarding the first dental checkup two months before the child turns six months of age. This process is consistent with the Consent Decree requirement to provide this information two months prior to a child's eligibility for the first dental checkup. The letters identify the specific child due for a checkup and the type of checkup for which the child is due. They contain relevant information appropriate to the child's age to explain why checkups are important. The letters encourage the recipient, in a positive manner, to take advantage of THSteps checkups. They explain that checkups are free to class members, and encourage class members to call the THSteps toll free help line for assistance in locating a provider, scheduling an appointment, and/or arranging transportation. The letters are printed in both English and Spanish.</p> <p>During this reporting period, Defendants developed and began distributing new due letters for THSteps medical checkups for class members under 3 years of age and modified the frequency</p>

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		<p>of letters to this age group. This was done to improve the effectiveness of the message concerning the importance of THSteps checkups and to reduce potentially duplicative and confusing information for parents and caretakers of class members. See the <i>Periodic Due Medical Letters for Under 3 Population</i>. EXHIBIT 5</p> <p><u>Brochures and Fliers</u> Defendants have developed informational brochures and other written materials about THSteps services. Defendants regularly review these written materials, and update them as needed. Defendants' contract with MAXIMUS provides for distribution of these written materials to providers, Medicaid managed care organizations, community agencies, and others on either a routine or ad hoc basis for distribution to class members.</p> <p>For information on written materials that MAXIMUS distributed to providers, Medicaid managed care organizations, community agencies, and others during the reporting period, Defendants are providing the <i>THSteps Products Management Shipping Report</i> within the <i>THSteps Monthly MAXIMUS Reports</i> for the months of March, April, and May, 2011. EXHIBIT 4</p> <p><u>Written Materials in Managed Care</u> Medicaid managed care organizations use various written materials to provide information to class members about THSteps medical and dental checkups as well as other Medicaid services. These written materials include member handbooks, brochures, letters, and birthday postcards. THSteps materials created by Medicaid managed care contractors are reviewed and approved by HHSC staff. For more information on these activities please see the <i>Activities Report for Medicaid Managed Care Organizations</i>, EXHIBIT6.</p>

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¶¶ 19-23 & 222	<p>Eligibility workers will receive training and will discuss THSteps with those who apply in person for benefits on behalf of a THSteps eligible class member. The discussion will include:</p> <ul style="list-style-type: none"> • Age appropriate information. • Full range of THSteps services. • How to request help accessing benefits. • Information about medical transportation including the mileage reimbursement option. • How to request, and assistance with requesting, further outreach. • THSteps brochures and wallet cards. 	<p>HHSC eligibility workers receive required Texas Health Steps (THSteps) training as part of their initial Basic Skills Training. Refresher training for THSteps is also available. Both the initial and the refresher training meet the requirements of the Consent Decree. For the period of March 2011 through May 2011:</p> <ul style="list-style-type: none"> • 228 employees received THSteps instructor-led training as part of the Texas Works Basic Skills Training. • 1129 employees received THSteps instructor-led refresher training delivered by designated trainers. This refresher training is specific to THSteps. <p>Eligibility offices are evaluated for policy and procedure compliance. A portion of the Management Evaluation is specific to THSteps and the evaluations are completed onsite. <i>The Texas Health Steps Evaluation, March 2011-May 2011 (EXHIBIT 7), provides a listing of the offices evaluated this quarter and the current status of offices previously reported as requiring corrective action.</i></p> <p>Texas Health Steps eligibility office on-site evaluations were conducted for the Edinburg, El Paso (Almeda), Houston (Harwin), Littlefield, Lubbock (Indiana Avenue), Lubbock (Parkway Drive), Orange, Pampa, Pharr, San Angelo, and Weslaco offices. Of these, the El Paso, Houston (Harwin), Orange, and Pampa offices were out of compliance. Summaries of client interviews for office found to be out of compliance are included as EXHIBIT 8. Corrective action plans for each office will be developed; follow-up is scheduled for July 2011 for the Orange office and August 2011 for the El Paso, Houston, and Pampa offices. The corrective action plan previously reported for the Houston (I-10 East, Kids) office was closed. The corrective action plan for the Houston (Fuqua) office remains open.</p>
¶ 24	A Memorandum of Understanding (MOU)	Completed.

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	between DSHS and HHSC concerning the outreach process will be presented to Plaintiffs for approval by August 31, 1995, and to the Court by October 1, 1995.	
¶¶ 25-32, 47, 49-58, & 147-153	<p>Oral outreach units will:</p> <ul style="list-style-type: none"> • Inform class members about THSteps and provide outreach as described in the consent decree. • Function statewide. • Assist with scheduling appointments. • Provide age appropriate information. • Discuss transportation services. • Provide outreach in a manner that is sensitive to classmembers' ability to understand and process information. • Provide oral outreach upon request and upon receipt of 	<p>The MAXIMUS call center employs both THSteps and Enrollment Broker staff. All staff members are trained to provide THSteps outreach and informing.</p> <p>As Defendants contract with MAXIMUS to conduct oral outreach and informing activities regarding Texas Health Steps (THSteps) to class members throughout the state. The MAXIMUS contract requires sufficient numbers of staff and sufficient resources to promptly and effectively accomplish their workload.</p> <p>MAXIMUS collaborates with others who serve class members (e.g., the Department of Family and Protective Services [DFPS], community-based organizations) in order to effectively and efficiently inform and educate class members. Additional information on MAXIMUS' collaborative efforts may be found in the <i>THSteps Monthly MAXIMUS Reports</i> for the months of March, April, and May, 2011, EXHIBIT 4.</p> <p>MAXIMUS conducts outreach and informing activities at times and in locations convenient to class members. All MAXIMUS staff who engages in outreach and informing activities attends trainings to gain sufficient knowledge and understanding of THSteps services and to be regularly updated on changes to THSteps services.</p>

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	<p>outreach list that identifies the class member.</p> <ul style="list-style-type: none"> • Provide information on early dental caries to families who have infants. • Encourage teen mothers to access dental services. • Work cooperatively with others who serve class members. • Have sufficient staff to handle workload. 	<p>MAXIMUS proactively attempts to provide oral outreach to class members:</p> <ul style="list-style-type: none"> • Referred by HHSC eligibility workers via fax as an Extra Effort Referral (EER) or by HHSC Office of Eligibility Services (OES) as needing a Health-Care Orientation (HCO). • Reported by their provider as having missed medical and/or dental checkups. See the <i>Missed Appointment Report Summary in the THSteps Monthly MAXIMUS Reports for the months of March, April, and May, 2011, EXHIBIT 4, for additional information.</i> • Referred by a health-care provider for outreach. • Identified by Defendants as targeted groups which may include newly-certified Medicaid recipients, pregnant and parenting teens, individuals leaving DFPS conservatorship and class members newly-certified for foster care and SSI. <p>During oral outreach sessions, MAXIMUS staff informs class members about:</p> <ul style="list-style-type: none"> • The schedule for medical and dental checkups, as well as the full range of THSteps services. • Benefits of preventive health care. • THSteps services being free for the class member. • How to get help locating a provider and/or scheduling an appointment. • How to get transportation assistance, including gas mileage reimbursement. <p>MAXIMUS staff also:</p> <ul style="list-style-type: none"> • Offers to help class members find a provider and schedule appointments and/or transportation; • Provides relevant and interesting information that is age-appropriate for each class member in the household; • Explains how the Medical Transportation Program (MTP) can help class members with transportation resources to health-care appointments;

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		<ul style="list-style-type: none"> • Are trained to provide information in a culturally sensitive manner that respects class members' ability to understand and process information; and • Attempts to meet the needs of class members who express a desire for, or who appear to need, additional oral outreach. <p>MAXIMUS staff specifically target pregnant teens and teen mothers with proactive outreach efforts designed to encourage them to access services. See the “Pregnant and Parenting Teen List Report” in the “DSHS Monthly Contractor Performance Review” section of the <i>THSteps Monthly MAXIMUS Reports</i> for the months of March, April, and May, 2011. EXHIBIT 4</p> <p>At the time of this report, there are 89 THSteps customer care representatives.</p>
¶¶ 33-37 & 39	<p>Oral outreach: Four groups of class members require oral outreach:</p> <ol style="list-style-type: none"> 1. Class members who request information beyond that provided by HHSC eligibility workers. 2. Class members who miss medical check ups. 3. Class members who miss dental check ups. 4. Class members whose health care provider requests outreach. 	<p>If a class member requests additional information about Texas Health Steps (THSteps) services, and/or appears to need or requests assistance in accessing services, the HHSC eligibility worker completes the Extra Effort Referral Form and faxes it to the MAXIMUS Special Services Unit (SSU). MAXIMUS SSU staff then attempts to provide oral outreach through phone calls, home visits, and mailing written offers of oral outreach. If a home visit is requested at any point, the MAXIMUS SSU staff sends the class member's information to the regional MAXIMUS Outreach and Informing (O&I) staff, who attempt to contact the class member to schedule a home visit.</p> <p>S.B. 43, 77th Legislature, Regular Session, 2001, mandated that caretakers of children under age 19 who are certified for Medicaid receive extra effort oral outreach through the delivery of a Health Care Orientation (HCO). Each week, data on selected class members is electronically transmitted to MAXIMUS. MAXIMUS then attempts to provide extra effort oral outreach to the caretakers of these class members through the delivery of an HCO. MAXIMUS handles these referrals similarly to the faxed Extra Effort Referrals in that MAXIMUS attempts to provide oral outreach through phone calls,</p>

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		<p>home visits, and mailing written offers of oral outreach.</p> <p>Each month, DSHS provides MAXIMUS with a list of class members for whom no medical or dental checkup claim has been filed for 150 days after the month the checkup was due. DSHS provides the list to MAXIMUS at the end of the month prior to the month during which the written offers of oral outreach will be sent. The list contains all pertinent information necessary to mail the appropriate written offer of oral outreach to the class member.</p> <p>Written offers of oral outreach are mailed to each class member on the reminder checkup list throughout the month. The written offer of oral outreach reminds the class member of the need for a medical or dental checkup and encourages the class member to call the THSteps toll free help line to receive oral outreach if they have questions, need assistance in scheduling the checkup, and/or need assistance with transportation. The written offer of oral outreach contains age-appropriate information designed to educate the class member regarding the importance of having the checkup, and to encourage the class member to schedule the checkup. In the event a class member responds to the written offer of oral outreach by calling the THSteps toll free help line and wishes to receive oral outreach during that call, it is provided at that time by MAXIMUS O&I staff. If the class member indicates they wish to receive oral outreach in a setting of their own choosing, the request is forwarded to the regional MAXIMUS O&I staff in the class member's geographical area. The regional MAXIMUS O&I staff then contacts the class member by telephone to schedule a time and place to provide the oral outreach.</p> <p>Upon receipt of a referral from a health-care provider, MAXIMUS SSU staff attempts to reach the class member by telephone to provide the requested outreach. At times, the outreach may involve problem solving with the class member to overcome barriers that may be preventing them from making and keeping future appointments. If MAXIMUS SSU staff is unsuccessful in reaching the</p>

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		<p>class member by telephone, a written offer of oral outreach is mailed to the home that asks the class member to contact the regional MAXIMUS O&I staff. A list of class members in a particular region who were sent written offers of oral outreach is forwarded to the regional MAXIMUS O&I staff. The regional MAXIMUS O&I staff verifies the telephone number and attempts to call again. If the class member does not respond to the written offer of oral outreach, and the regional MAXIMUS O&I staff is unsuccessful in reaching the class member by telephone, the regional MAXIMUS O&I staff may attempt to contact the class member by making a home visit.</p> <p>The DSHS Health Service Region provider relations staff promotes the Provider Outreach Referral service during visits with providers by giving provider offices copies of a form they can fax directly to the MAXIMUS SSU at the location identified on the form in order to refer class members for oral outreach.</p> <p>For additional information to further support outreach and informing activities, Defendants are providing the <i>THSteps Monthly MAXIMUS Reports</i> for the months of March, April, and May, 2011. EXHIBIT 4</p>
¶ 38	Outreach units will use highly visual, age appropriate, written materials about dental issues.	<p>DSHS Texas Health Steps (THSteps) program and MAXIMUS developed a number of age-appropriate and highly visual written materials that contain pictures of healthy mouths and describe common dental problems that are used to convince class members they can achieve good dental health. These materials, which are used in outreach efforts related to dental checkups, can be viewed and are available for ordering at: https://secure.THStepsproducts.com/.</p> <p>The <i>Take Time for Teeth</i> flipcharts are also available for order at the website above.</p>
¶¶ 40-41 & 44-45	On a monthly basis, provide a current Outreach List to each	Periodically throughout each month, HHSC Office of Eligibility Services staff faxes Extra Effort Referrals to MAXIMUS Special Services Unit (SSU) staff for class members who wish to receive or

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	<p>outreach unit that identifies class members requiring oral outreach. .</p>	<p>appear to need information about Texas Health Steps (THSteps) services.</p> <p>As described in ¶ 33, S.B. 43, 77th Legislature, Regular Session, 2001, mandated that caretakers of children under age 19 who are certified for Medicaid receive extra effort oral outreach through the delivery of a Health Care Orientation (HCO). Each week, data on selected class members is electronically transmitted to MAXIMUS. MAXIMUS then attempts to provide extra effort oral outreach to the caretakers of these class members through the delivery of an HCO. MAXIMUS handles these referrals similarly to the faxed Extra Effort Referrals in that MAXIMUS attempts to provide oral outreach through phone calls, home visits, and mailing written offers of oral outreach.</p> <p>The Extra Effort Referrals contain pertinent information to enable MAXIMUS SSU staff to provide effective assistance.</p> <p>THSteps medical and dental providers fax referrals for additional oral outreach to the MAXIMUS SSU. The referrals contain pertinent information to enable MAXIMUS SSU staff to provide effective assistance.</p> <p>Each month, DSHS provides MAXIMUS with a list of class members for whom no medical or dental checkup claim has been filed for 150 days after the month the checkup was due. DSHS provides this list to MAXIMUS at the end of the month prior to the month during which the written offers of oral outreach will be sent. The list contains all pertinent information necessary to mail the appropriate written offer of outreach to the class member.</p> <p>The Consent Decree originally required lists of class members for whom no checkup claim had been filed for 60 days after the month the checkup was due. This time period was extended to 150 days in accordance with modifications to paragraph 42 approved by the Court in January,</p>

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		<p>2011. DSHS is no longer maintaining the 60 day list described in paragraph 41, but is maintaining a list of class members for whom no medical or dental checkup claim has been filed for 150 days after the month the checkup was due.</p> <p>“Due” is defined in Consent Decree paragraph 35, as according to the [THSteps] periodicity schedule. A child 3 years of age and older is “due” an annual medical checkup during the time a child is a particular age as defined by the periodicity schedule. The timeframe on which Defendants base their review for timely THSteps medical checkups has changed from 60 days after a class member’s birthday to one year from the class member’s birthday. Through written and oral outreach, however, class members are still encouraged to get their checkups as close to the due date as possible.</p>
¶¶ 42, 46, & 48	<p>An outreach letter will be mailed to each newly certified class member and each class member over age three who has not received a medical checkup within 150 days of the periodic eligibility month and each class member for whom no dental checkup claim is received within 150 days of the periodic eligibility month. The letter:</p> <ul style="list-style-type: none"> • Encourages class members 	<p>As of April 1, 2011, Defendants implemented changes in which class members under 3 years of age began receiving written offers of oral outreach at 1, 6, 12, 18, 24, and 30 months of age. Because of the frequency of required medical checkups for this age group, these class members will no longer receive overdue letters. This change is intended to improve the effectiveness of the message concerning the importance of THSteps checkups and to reduce potentially duplicative and confusing information for parents and caretakers of class members. Future quarterly reports will indicate a count for “reminder” letters for class members 3 years of age and older rather than “overdue” letters and counts may change due to the change in frequency of the letters (from 60 days to 150 days past the due date). Per request of the Plaintiffs’ counsel, Defendants modified the text of certain letters to encourage frequent dental checkups for children younger than 3 years of age. See the <i>Dental Letters for Under 3 Population</i>, EXHIBIT 9, put into production during this reporting period.</p> <p>For additional information to further support outreach and informing activities, Defendants are</p>

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	<p>to request oral outreach at a convenient time and location.</p> <ul style="list-style-type: none"> Corresponds to the reason outreach is required. 	<p>providing the <i>THSteps Monthly MAXIMUS Reports</i> for the months of March, April, and May, 2011. EXHIBIT 4</p> <p>Each month, Defendants mail written offers of oral outreach to all newly certified class members. Each written offer of oral outreach provides information about the class members' enrollment, and where they may go or who to contact for assistance with scheduling appointments and/or transportation.</p> <p>Each month DSHS provides MAXIMUS with a list of class members for whom no medical or dental checkup claim has been filed for 150 days after the month the checkup was due. These changes provide that a reminder letter will be sent if no claim is filed within 150 days after the month the checkup was due. Throughout the month, written offers of oral outreach are mailed to each class member on the list, notifying the class member of the reason for the written offer of oral outreach, and encouraging the class member to request oral outreach at a convenient place and time. The written offers of oral outreach also provide information about:</p> <ul style="list-style-type: none"> Medical and dental checkups. Assistance in locating providers. Medical Transportation Program. Toll free help line numbers to call for assistance with scheduling appointments and/or transportation.
¶ 43	Identify class members requesting information beyond that provided by HHSC eligibility workers.	If a class member requests additional information about Texas Health Steps (THSteps) services, and/or appears to need or requests assistance in accessing services, the HHSC eligibility worker completes the Extra Effort Referral form and faxes it to the MAXIMUS Special Services Unit (SSU). MAXIMUS SSU staff then attempts to provide oral outreach through phone calls, home visits, and mailing written offers of oral outreach. If a home visit is requested at any point, the MAXIMUS SSU

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		<p>staff sends the class member's information to the regional MAXIMUS Outreach and Informing staff who attempts to contact the class member to schedule a home visit.</p> <p>See also ¶ 33 for description of how Defendants meet the Health Care Orientation mandate of, S.B. 43 77th Legislature, Regular Session, 2001.</p> <p>For the number of Extra Effort Referrals received by MAXIMUS during March, April, and May, 2011, see ¶ 60.</p>
¶ 59	Outreach units will not make child abuse or neglect reports because of failure to respond to an offer of outreach or failure to receive a medical or dental check up.	HHSC and DSHS neither require nor ask the outreach unit to make any child-abuse or child-neglect reports based on failure to respond to outreach offers or failure to receive a THSteps medical or dental checkup.
¶ 60	Report the number of class members that received various methods of outreach.	<p>Individual written offers of oral outreach are sent for each class member who is overdue for a checkup. Extra Effort and Provider Outreach Referrals usually result in one written offer of oral outreach being sent or a telephone call being made to a household regardless of the number of class members in that household. Except when otherwise stated, the numbers reported below are of individual class members in a household who were overdue for a checkup or referred for oral outreach. The numbers reported below are for March, April and May, 2011.</p> <p>a) Written offers of outreach</p> <p><i>Extra Effort Referrals</i></p> <p>The HHSC's Office of Eligibility Services (OES) staff regularly faxes to MAXIMUS referrals of</p>

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		<p>newly certified class members who request information beyond what is provided at the time of their eligibility determination. HHSC OES also sends to DSHS, via an automated process, a list of households that contain class members who should receive the extra effort oral outreach through delivery of a Health Care Orientation (HCO). DSHS forwards this list to MAXIMUS. MAXIMUS then handles the HCO referrals similarly to other extra effort referrals, in that they attempt to provide oral outreach through phone calls, home visits, and mailing written offers of oral outreach. Of those class members who were referred via this automated process, 124,279 were sent a written offer of oral outreach.</p> <p>The number of extra effort referrals received via fax from local eligibility offices during the reporting period was 264. Oral outreach was provided to 155 class members and written offers of oral outreach were sent to 109 class members. Of these, 107 were sent within 10 business days of the referral. DSHS' review process identified 2 class members for whom KIDS had no record of successfully completed oral or written outreach, so written offers of oral outreach were also sent to those class members. During this reporting period, MAXIMUS conducted refresher training for all THSteps staff who process extra effort referrals.</p> <p><i>Provider Outreach Referrals</i></p> <p>When a health-care provider refers a class member to MAXIMUS for oral outreach, MAXIMUS proactively attempts to contact the family by phone. For any referral where MAXIMUS was not successful in contacting the family by phone, MAXIMUS mails a written offer of oral outreach to the family. The written offer of oral outreach explains the reason it was sent, offers to assist with scheduling appointments and/or transportation, and encourages the recipient to call the Texas Health Steps (THSteps) toll free help line for oral outreach.</p>

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		<p>Health-care providers requested oral outreach for 11,873 class members. Of these, oral outreach was provided by telephone to 5,147 and a written offer of oral outreach was sent to 6,477 class members. For the remaining 249 class members, there was no record in KIDS of oral outreach having been provided or a written offer of oral outreach having been sent during the reporting period. HHSC and DSHS have directed MAXIMUS to determine and verify whether these 249 class members did receive oral outreach or were mailed a written offer of oral outreach during the quarter. For any class members for whom such verification cannot be provided, HHSC OES and DSHS have directed MAXIMUS to mail a written offer of oral outreach.</p> <p><i>Overdue</i> MAXIMUS mailed 937,088 written offers of oral outreach to class members who were overdue for medical and/or dental checkups, based on outreach lists that Defendants provided to MAXIMUS.</p> <table><tr><th>Overdue Letter</th><th>March 2011</th><th>April 2011</th><th>May 2011</th></tr><tr><td>Medical</td><td>104,717</td><td>115,447</td><td>110,383</td></tr><tr><td>Dental</td><td>157,566</td><td>167,529</td><td>174,231</td></tr><tr><td>Both</td><td>33,367</td><td>37,631</td><td>36,217</td></tr></table> <p>b) Health-care providers requested oral outreach for 11,873 class members.</p> <p>c) Of the 1,067,951 class members who were mailed written offers of oral outreach, 1,061,591 (99.4%) did not contact the call center within 45 days as a result of receiving a written offer of oral outreach.</p>		Overdue Letter	March 2011	April 2011	May 2011	Medical	104,717	115,447	110,383	Dental	157,566	167,529	174,231	Both	33,367	37,631	36,217
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		<p>d) Of the 1,067,951 class members who were mailed written offers of oral outreach, 989,841 (92.7%) did not receive oral outreach within 45 days.</p> <p>e) Of the 1,067,951 class members who were mailed written offers of oral outreach, 6360 (0.006%) contacted the call center within 45 days because they received a letter. Of the 6,360 class members who contacted the call center, 5,790 received oral outreach during the call. Five class members requested oral outreach by a home visit. <i>See also</i>, section (g) below.</p> <p>f) Of those identified in subparagraph e) above:</p> <ul style="list-style-type: none"> • Oral outreach by telephone was provided to 5,790 class members. • Home visits were successfully conducted for 2 class members in response to a written offer of oral outreach. <p>In regard to the 3 remaining home visit requests:</p> <ul style="list-style-type: none"> • 1 was attempted but unsuccessful; • 1 requestor changed their mind during the oral outreach and decided not to request a home visit; and • 1 request was not attempted. HHSC and DSHS have instructed MAXIMUS to complete this request. <p>In addition, MAXIMUS provided oral outreach within 45 days of sending a letter to the following class members who did not contact the call center within 45 days or who contacted the call center within 45 days for a reason other than receipt of a letter:</p>

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		<table><tr><th>Oral Outreach Type</th><th>Number of Class Members</th></tr><tr><td>Phone</td><td>74,782</td></tr><tr><td>Home Visit</td><td>3,569</td></tr><tr><td>Office Visit</td><td>22</td></tr><tr><td>Group Meeting</td><td>140</td></tr><tr><td>Health Fair</td><td>34</td></tr></table> <p>Additionally, MAXIMUS targets other groups of class members for proactive phone calls and home visits. For additional details, see the <i>THSteps Monthly MAXIMUS Reports</i>, for the months of March, April, and May, 2011. EXHIBIT 4</p> <p>g) The status of class members identified as overdue for a checkup or who were referred for extra effort or by a health-care provider and who had contacted the call center after receiving a written offer of oral outreach but did not receive oral outreach is as follows:</p> <p>565 class members contacted the call center because they received a letter but did not receive oral outreach during that phone call and did not request a home visit:</p> <ul style="list-style-type: none">• 485 were no longer Medicaid-eligible at the time they called.• One class member was deceased.• 44 class members were provided a referral.• 22 class members were given medical, dental, specialist or other provider information.• 10 class members gave updated information to MAXIMUS.• 3 class members were provided other information.	Oral Outreach Type	Number of Class Members	Phone	74,782	Home Visit	3,569	Office Visit	22	Group Meeting	140	Health Fair	34
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¶ 61	Report the number and percent of class members receiving medical/dental check ups after oral outreach.	The <i>Outreach Effectiveness Reports for Medical and Dental Checkups</i> for the months of December, 2010, January, 2011, and February, 2011, EXHIBIT 10 , show the number and percent of class members receiving medical and dental checkups after oral outreach. It is important to note that these reports reflect a point-in-time analysis of the data.
¶ 62	HHSC and DSHS will provide standardized training to outreach units so that outreach services are delivered effectively throughout the state.	<p>MAXIMUS provides Texas Health Steps (THSteps) training to all staff who engage in outreach and informing activities. The training programs are standardized and approved by the Defendants. The training materials are updated as new program and benefit information becomes available. MAXIMUS staff participates in multiple trainings over the course of each quarter.</p> <p>Training classes range from standardized THSteps and ancillary services training to various other ongoing classes for updates and topics related to THSteps. These classes are designed to improve the skill sets of MAXIMUS employees providing services to class members.</p> <p>All MAXIMUS staff who support the THSteps outreach, informing, and support services activities are required to complete the THSteps Overview and Cultural Competence modules within 30 business days after their hire date. All MAXIMUS staff involved with THSteps complete the training annually.</p> <p>During this reporting period, 112 training sessions were conducted during which a total of 5,539 individuals participated. For additional information related to support outreach and informing training activities, see Section 1 of the <i>THSteps Monthly MAXIMUS Reports</i> for the months of March, April, and May, 2011. EXHIBIT 4</p>
¶ 64	HHSC and DSHS may conduct other outreach efforts to encourage class members	In addition to required written outreach, at the Defendants' direction, MAXIMUS also proactively attempts to provide oral outreach to targeted groups of class members identified by Defendants. For additional information to further support outreach and informing activities, Defendants are

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	to use THSteps services.	<p>providing the <i>THSteps Monthly MAXIMUS Reports</i> for the months of March, April, and May, 2011. EXHIBIT 4</p> <p>Medicaid Managed Care Organizations (MCOs) conduct outreach to encourage participation in Texas Health Steps. See the <i>Activities Report for Medicaid Managed Care Organizations</i>, EXHIBIT 6, for additional information on outreach activities reported by Health Maintenance Organizations (HMOs) and Primary Care Case Management (PCCM) this quarter.</p> <p>The HHSC Office of Community Access (OCA) education, outreach and informing efforts are in partnership with the Foster Care Regional Enhanced Coordination team members (Department of Family and Protective Services, Department of State Health Services, and MAXIMUS Texas Health Steps Outreach and Informing) to encourage class members to use the Texas Health Steps services. Examples of those Texas Health Steps outreach and information efforts included:</p> <ul style="list-style-type: none"> • Programs to Foster Parent Associations • Teens in Foster Care • Helping Families Get the Most Out of Medicaid Workshops • DFPS Agency Staff • Foster Parent Board members • Medical and Dental providers of Texas Health Steps services • County Welfare Boards • College Educational Staff • Community stakeholders • PAL Foster Care Youth Associations <p>March through May 2011, the Regional Foster Care Enhanced Coordination teams, (DFPS</p>

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		DSHS, MAXIMUS and HHSC OCA) provided 36 presentations and/or forums to 834 participants.
¶ 65	HHSC and DSHS will coordinate efforts with DFPS, DARS, DADS and other state agencies (TEA, TYC, Workforce Commission, TJPC) to inform class members about THSteps.	<p>DSHS staff coordinates with other agencies to assist them in effectively informing class members of Texas Health Steps (THSteps) services.</p> <ul style="list-style-type: none"> • DSHS has an agreement with the Department of Assistive and Rehabilitative Services (DARS) Early Childhood Intervention (ECI) program for the purpose of coordinating case management services to class members who may qualify for services under both DARS ECI and Case Management for Children and Pregnant Women (CPW). • DSHS also works closely with the Department of Family and Protective Services (DFPS) to ensure that children in foster care receive medically necessary case management services. • DSHS and HHSC have executed a memorandum of understanding with the Texas Education Agency with the goal of improving services to children of migrant farm workers. • THSteps staff works closely with other DSHS programs (e.g., the Special Supplemental Nutrition Program for Women, Infants, and Children [WIC], Community Health Workers) that also serve class members so they can assist in providing THSteps information and updates. <p>DSHS Health Service Region provider relations staff continues to coordinate efforts with other state and community agencies to increase understanding of THSteps services. Examples of such coordination efforts and/or initiatives conducted during this reporting period are included in the <i>DSHS THSteps Provider Relations Activities Report</i>. EXHIBIT 3</p> <p>See the <i>Activities Report for Medicaid Managed Care Organizations</i>, EXHIBIT 6, for information on Health Maintenance Organizations (HMOs) and Primary Care Case Management (PCCM) who reported coordinated efforts with other agencies during the reporting period.</p>

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		<p>HHSC continues to work with state agencies, their communications contractors, and Medicaid managed care organizations (MCOs) to ensure that Medicaid-related outreach and informing materials aimed at THSteps clients are coordinated, consistent, easy to understand, and not detrimentally duplicative – materials that carry a similar message but use dissimilar style, tone, structure, or language.</p> <p>The HHS Interagency Consumer Information workgroup produced the <i>HHS Consumer Information Tool Kit</i>. The four documents that comprise the tool kit – a basic writing tips overview, a style guide, and preferred terms in English and Spanish – have been distributed to staff and contractors for HHS agencies, TYC and TJPC. This distribution includes Medicaid managed care organizations, TMHP and MAXIMUS. These agency staff and vendors are using the <i>HHS Consumer Information Tool Kit</i> in development of materials for THSteps class members.</p> <p>HHSC worked with a team of MCO representatives to develop templates for THSteps-related outreach materials most commonly used by MCOs in their communications with class members and their families. The goal of this effort is to further enhance consistency of message by developing templates for these commonly used pieces that all MCOs can use. The foundation for these templates was the <i>HHS Consumer Information Tool Kit</i> and correspondence sent to class members generated by the THSteps program. The template language is now part of the <i>Uniform Managed Care Manual (UMCM)</i>, which is part of the MCO contract.</p>
¶ 66-71	Agency handbooks: Provide updated information about THSteps for use in other agency and program handbooks. Follow-up to be	DSHS staff meets regularly with staff of other agencies and invites them to participate in workgroups to keep them informed of changes to Texas Health Steps (THSteps) policy and program activities, such as development of new child health records. The purpose of these meetings is to enable the other agencies to keep their handbooks and policies current.

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	sure that the information provided is appropriate and in use.	<p>DSHS informs other state agencies that provide services to class members about the availability of the THSteps Online Provider Education (OPE) modules. DSHS promotes the use of THSteps OPE modules which provide the staff of the other agencies with key, consistent messages about THSteps. Agencies are encouraged to actively use the THSteps Overview module information and other tools provided, such as the THSteps and Medical Transportation Program (MTP) desk references, to actively assist class members in accessing services.</p> <p>In April 2011, DSHS met with the Department of Assistive and Rehabilitative Services (DARS) Early Childhood Intervention (ECI) staff. DSHS provided THSteps policy updates and program information during the meeting. An overview of the THSteps OPE modules was also presented. The focus of the presentation was on modules containing ECI-related information so that ECI can review the content of the modules and provide necessary updates on referring class members to ECI services.</p> <p>DSHS met with Department of Family and Protective Services (DFPS) staff in May 2011 to provide updates on THSteps policy and program information. DSHS also assisted DFPS to develop an educational tool on current THSteps policies and procedures. DFPS will use the tool to train its regional staff.</p> <p>See ¶¶ 65, 72 for additional information.</p>
¶ 72	Encourage other agencies to use THSteps brochures and provide adequate supplies of brochures to requesting agencies.	DSHS Texas Health Steps (THSteps) encourages other agencies to use the THSteps brochures when providing services to or communicating with class members and when training staff. MAXIMUS makes regular drop shipments of these brochures and other materials three times per year to certain agency offices, including MAXIMUS regional offices, DSHS Health Service Region offices, the Department of Family and Protective Services offices, the HHSC Medical Transportation Program

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		offices, and the HHSC Office of Eligibility Services offices. MAXIMUS routinely updates the list of agency offices that wish to receive regular material drop shipments.
¶ 73	Media: Arrange for and implement a marketing plan that encourages providers and class members to participate in the THSteps program. Invitation for Bids provided to the Court in March 1995.	HHSC and DSHS, along with contractors and other partners, continue to employ various strategies described in other sections of this report to encourage participation by both providers and class members. Further, as required by <i>CAO: Outreach and Informing</i> , Defendants will be assessing the effectiveness of media as an outreach method.
CAO: Outreach and Informing	Assessment of outreach and informing activities.	As reported in previous QMRs, HHSC contracted with Mercer Health & Benefits LLC for the outreach and informing study called for in <i>Corrective Action Order: Outreach and Informing</i> , revised by the Court Nov. 23, 2009. PHASE ONE: Mercer's Phase One work included 12 focus groups conducted in urban and rural Texas locations – five for English-speaking parents of clients, five for Spanish-speaking parents of clients, and two focus groups for pre-adolescent and adolescent-age clients. Defendants received Mercer's draft focus group report on March 23, 2011 and, pursuant to the CAO, provided Plaintiffs' counsel with a copy on April 4, 2011. Each party provided Mercer with comments on the draft. Mercer produced its final focus group report on May 17, 2011; a copy was provided to Plaintiffs' counsel June 1, 2011. Defendants' comments on the final report were also shared with Plaintiffs. Mercer's used the findings from the focus groups as a basis for designing an instrument to survey class members and parents of class members to assess reasons members do not receive

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		<p>checkups or follow-up visits. This survey will be used pre- and post-implementation of the five outreach strategies. On May 27, 2011 Defendants approved Mercer's survey instrument and provided Plaintiffs' counsel with a copy on June 1, 2011.</p> <p>On July 13, Mercer delivered the Phase One draft report with recommendations for changes to existing outreach. The parties are reviewing the draft report and will offer comment to Mercer in early August. Defendants do not anticipate changes to recommendations on the final report and are using these recommendations to move forward with Phase Two.</p> <p>PHASE TWO: Phase Two is scheduled to begin September 1, 2011 and continue until August 31, 2012. The second phase of the O&I study involves implementation of the five outreach strategies in the agreed upon geographic areas. Based on recommendations made by Mercer in its Phase One draft report, HHSC and its vendors are currently developing new, or revise existing, outreach and informing materials for use in the five areas identified for the study.</p> <p>MAXIMUS, the Texas Health Steps outreach vendor, will implement four of the five strategies:</p> <ul style="list-style-type: none"> • Intensive school-based outreach within an urban school district and a rural school district in Education Service Center (ESC) Region 11 (Ft. Worth area), • Intensive community-based outreach with community based organizations serving urban area and rural areas in ESC Region 13 (Austin area), • Direct mail outreach to children who missed a medical and/or dental checkup in ESC Region 6 (Huntsville area), • Phone outreach to children who missed a medical and/or dental checkups in ESC Regions 8 and 10 (Mt. Pleasant and Richardson areas).

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		<p>Through competitive bid, HHSC secured the services of Sherry Matthews Advocacy Marketing to implement the paid media portion of the O&I study in ESC Region 17, the Lubbock Designated Market Area.</p> <p>PHASE THREE: Phase Three of the O&I study is scheduled for completion in August 2013. During Phase Three, Mercer will conduct analysis of claims and encounter data as well as complete a post-intervention survey to determine potential impact of each outreach strategy on utilization of Texas Health Steps checkups and follow-up visits.</p>

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¶ 88	Assure an adequate provider pool by recruiting new providers, retaining current providers, encouraging current providers to increase class members served, and facilitating training.	<p>As required by HHSC contracts, the Medicaid claims administrator and all Medicaid managed care organizations are required to maintain an adequate network of health-care providers to provide medically necessary care to Class Members. Additional information on provider networks in Medicaid managed care can be found in ¶ 197.</p> <p><u>TMHP Medicaid Provider Enrollment</u> As reported to HHSC by the Medicaid claims administrator, for the months of March, April, and May 2011, TMHP completed 2,696 applications. The table below represents new provider numbers assigned during the month for the provider types listed. It does not include all enrollments</p>

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		and may not represent new distinct types of health-care providers.																																		
		<table><tr><th colspan="4">Medicaid Provider Enrollment</th></tr><tr><th>Program</th><th>Mar 2011</th><th>Apr 2011</th><th>May 2011</th></tr><tr><td>Family Practice</td><td>321</td><td>356</td><td>462</td></tr><tr><td>Pediatrics (includes sub-specialists)</td><td>125</td><td>150</td><td>102</td></tr><tr><td>THSteps Medical</td><td>36</td><td>33</td><td>26</td></tr><tr><td>THSteps Dental (includes all dental specialties)</td><td>501</td><td>510</td><td>74</td></tr></table>			Medicaid Provider Enrollment				Program	Mar 2011	Apr 2011	May 2011	Family Practice	321	356	462	Pediatrics (includes sub-specialists)	125	150	102	THSteps Medical	36	33	26	THSteps Dental (includes all dental specialties)	501	510	74								
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		<p><u>TMHP Medicaid Provider Recruitment</u></p> <p>TMHP provider relations staff conducts recruitment efforts for all Medical health-care providers. Targeted provider recruitment is conducted on a monthly basis and is based on provider access within a geographic area. TMHP focuses efforts towards counties with low participation. The following chart shows TMHP recruitment efforts for select provider types during this reporting period.</p>																																		
		<table><tr><th colspan="4">Recruitment Efforts</th></tr><tr><th>Program</th><th>Mar 2011</th><th>Apr 2011</th><th>May 2011</th></tr><tr><td>Case Management for Children and Pregnant Women (CPW)</td><td>98</td><td>74</td><td>93</td></tr><tr><td>General Medicaid</td><td>556</td><td>580</td><td>513</td></tr><tr><td>Primary Care Case Management (PCCM) – Primary Care Physicians (PCPs)</td><td>119</td><td>181</td><td>127</td></tr><tr><td>Pharmacy Durable Medical Equipment (DME) and supplies</td><td>68</td><td>148</td><td>120</td></tr><tr><td>THSteps Medical</td><td>88</td><td>120</td><td>244</td></tr><tr><td>THSteps Dental (includes all dental specialties)</td><td>151</td><td>127</td><td>107</td></tr></table>			Recruitment Efforts				Program	Mar 2011	Apr 2011	May 2011	Case Management for Children and Pregnant Women (CPW)	98	74	93	General Medicaid	556	580	513	Primary Care Case Management (PCCM) – Primary Care Physicians (PCPs)	119	181	127	Pharmacy Durable Medical Equipment (DME) and supplies	68	148	120	THSteps Medical	88	120	244	THSteps Dental (includes all dental specialties)	151	127	107
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		<p>During the months of March, April, and May 2011, there were 3,511 provider recruitment efforts by TMHP provider relations staff in 101 counties. Out-of-state providers were also contacted. The specific counties are listed in the <i>TMHP Monthly Provider Relations Report</i> as provided in Exhibit 11. In March 2011, the number of enrolled THSteps Dental providers reached a six-month high. This number continued to increase in April and May. The month of April 2011 also saw a six-month high in the number of providers enrolled for Case Management for Children and Pregnant Women (CPW), Family Planning, the Vendor Drug Program, and the Comprehensive Care Program (CCP).</p> <p><u>TMHP Medicaid Provider Retention</u> Retention efforts focus on problem solving and education concerning program activities. TMHP informs health-care providers through visits, recruitment efforts, workshops, in-services, and seminars about information available through www.tmhp.com website, including the names and phone numbers of provider relations staff.</p> <p>TMHP made 1,649 retention contacts during the quarter covered by this report. During these visits, TMHP provider relations staff addressed provider concerns about participation in Medicaid. Retention efforts by TMHP provider relations staff were conducted in the 106 counties. The specific counties are listed in the <i>TMHP Monthly Provider Relations Report</i> provided as EXHIBIT 11. Out-of-state providers were also contacted.</p> <p>There were 837 efforts related to retention of THSteps medical or dental providers during this quarter. During these visits, provider relations staff conducted activities in 114 counties. Out-of-state providers were also contacted. The specific counties and additional information on retention visits are found in the <i>TMHP Provider Relations Report</i> provided as EXHIBIT 11.</p>

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		<p><u>Special Recruitment and Retention Projects</u> TMHP followed up with the six providers, identified through NPI, who showed interest in enrolling in Medicaid. One provider informed TMHP that he was still on active Military duty, and was therefore unable to enroll at this time. Two providers are in the process of completing their application, and 3 providers have been referred to their enrollment representative for assistance with the application process.</p> <p><u>Adequate Supply of Healthcare Providers Second Interim Assessment</u> On June 27, 2011, Defendants provided the second and final interim provider assessment required by CAO: Adequate Supply of Health Care Providers (CAO) to Plaintiffs' counsel. A copy of the Interim Assessment of Medicaid Provider Base SFY 2010 for the Court is included as EXHIBIT 12. As per the terms of the CAO, this interim assessment reports data from state fiscal year 2010 on a smaller set of health care professionals than that provided in the 2009 major assessment.</p> <p>Data included in this interim assessment do not indicate a Medicaid provider shortage in any geographic area. The number of enrolled providers has increased over previous years and the percent of those providers filing claims for Medicaid clients is also increasing. Additional analysis performed in the fall of 2010 identified few areas of the state with licensed health care professionals available to care for children who are not already enrolled in Medicaid and providing those services. HHSC and its partners continue efforts to recruit and enroll the limited number of available providers in those areas.</p>
¶ 90	Simplified form for THSteps medical check ups to be used no later than 12/31/95.	Completed.
¶ 91	Immunization tracking	Completed.

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	system to be in place by 1/96 permitting providers to promptly request up to date information about patients' immunization status.	
¶¶ 92-93	Maintain updated lists of providers who serve class members. Provide Medicaid claims administrator staff information about provider practice limitations and encourage use of the information.	<p><u>Managed Care Provider Directories</u> Each Medicaid Managed Care Organization (Health Maintenance Organization and Primary Care Case Management) is required to maintain a provider directory and to update the directory quarterly. Provider directories are mailed to newly enrolled members and are available on each organization's website. See the <i>Activities Report for Medicaid Managed Care Organizations</i>, EXHIBIT 6, for information on how HMOs and PCCM ensure their provider directories are up-to-date and accurate.</p> <p>Periodically, HHSC Health Plan Management staff members randomly monitor the information in the provider directories for accuracy and compliance with the Uniform Managed Care Contract. These checks include manual review and comparison to provider lists and spot checks with health-care providers to confirm information. In general, spot checks are conducted based on tracking and trending of provider and member complaints. The spot checks are often geared towards a specific provider type in which there may be concern of access to care or network adequacy. Additionally, spot checks are conducted when a health plan is expanding into a new Service Area. Any deficiencies found during the review process are noted, and HHSC Health Plan Management conducts follow-up with the managed care organization.</p> <p>No HMOs were under corrective action related to inaccurate data in their provider directories during the reporting period.</p>

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		<p><u>Online Provider Lookup (OPL)</u> As required by the <i>Corrective Action Order: Adequate Supply of Health-Care Providers</i>, HHSC developed a web-based provider look up system referred to as the Online Provider Lookup (OPL). The OPL, housed on the claims administrator's webpage www.tmhp.com, includes the most accurate and up-to-date information available to the claims administrator. TMHP is not aware of any phone calls, and has received no written correspondence during this quarter, with complaints from providers or clients regarding the accuracy of the data displayed in the OPL. Texas Medicaid & Healthcare Partnership (TMHP) made no enhancements to the OPL during this reporting period.</p>
¶ 94	Staff in each of the DSHS regions is responsible for provider relations. Staff will work with providers who serve class members to reduce or eliminate problems that discourage providers from participating in the program.	In the course of their day-to-day operations, DSHS Health Service Region provider relations staff encourages providers to communicate problems they are encountering. DSHS Health Service Region provider relations staff receives emails, telephone calls, and faxes from providers experiencing problems that would potentially discourage them from continuing as a Medicaid Texas Health Steps provider. DSHS Health Service Region provider relations staff is skilled in addressing these problems and working with the providers to reduce or eliminate the problems by developing solutions with the provider or making referrals to others, such as the Texas Medicaid & Healthcare Partnership, for remedies not within the control of the DSHS Health Service Region provider relations staff.
¶ 96	Outreach units will respond to providers' requests for assistance to encourage class members to receive services when class members a) miss appointments or b) are overdue for check ups, and	<p>DSHS Health Service Region provider relations staff, in their routine and ongoing communications with Texas Health Steps (THSteps) medical, dental, and Case Management for Children and Pregnant Women providers, promotes the THSteps Provider Outreach Referral service and trains providers on how to use the service. See DSHS THSteps Provider Relations Activities Report. EXHIBIT 3</p> <p>MAXIMUS continues to respond to provider requests for assistance with class members. For additional information, Defendants are providing the Missed Appointment Report Summary in</p>

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	will explain how to contact outreach units.	the <i>THSteps Monthly MAXIMUS Reports</i> for the months of March, April, and May, 2011. EXHIBIT 4 <i>See also, ¶¶ 25 et al., 33 et al., and ¶ 60.</i>
¶ 98-99	Implement a method to index the reimbursement rate for medical check ups in non-managed care areas.	Completed.
¶¶ 100-102	Recruit professional schools to become THSteps providers.	<p>The state dental director and staff with the DSHS Oral Health Program (OHP) work with each of the three Texas dental schools to facilitate the enrollment of full-time and part-time dental faculty as Texas Health Steps (THSteps) providers. All three Texas dental schools currently have dental faculty enrolled as THSteps dental providers and are able to offer class members a full range of dental services. The state dental director and staff with the DSHS OHP work with representatives from all three Texas dental schools to encourage further participation as THSteps dental providers. First Dental Home training continues to be offered to faculty, senior dental students, and pediatric dental residents at all three Texas dental schools.</p> <p>Periodically throughout the year, the DSHS Health Service Region provider relations staff contact various medical, nursing, and social work schools in their geographic areas. Presentations on THSteps services are offered to discuss how they, as health-care professionals, can be part of this preventive health program for children upon graduation.</p>
¶ 103	The Medicaid claims administrator will increase its provider relations staff to 28	Completed.

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	to increase recruitment efforts.	
¶¶ 104-106	<p>Regional provider relations staff will:</p> <ul style="list-style-type: none"> • Assist providers to receive training relevant to provision of services to class members. • Assist providers and their administrative staff to receive training about the administration of the THSteps program. 	<p>DSHS Health Service Region provider relations staff distributes information packets to providers on an ongoing basis. DSHS central office THSteps staff assist DSHS Health Service Region provider relations staff by reviewing materials to ensure that consistent and current information is provided. For additional information on provider relations regional activities, Defendants are providing the DSHS THSteps Provider Relations Activities Report. EXHIBIT 3</p> <p>On a statewide basis, DSHS Health Service Region provider relations staff, together with Texas Medicaid & Healthcare Partnership (TMHP) staff, continues to assist providers and their staff by providing training relevant to the provision of services to class members and administration of the Texas Medicaid Program. DSHS Health Service Region provider relations staff provides Expert Forums for providers at the regional level that include staff from relevant programs, such as the DSHS Laboratory and other public health programs (e.g., immunizations, lead screening, etc.).</p> <p>DSHS Health Service Region provider relations staff promotes the use of the Texas Health Steps (THSteps) Online Provider Education (OPE) modules, which inform potential and current medical and dental providers on THSteps services and benefits. Among the THSteps OPE modules offered is training regarding cultural sensitivity to assist in improving providers' understanding of the realities and challenges faced by class members. Other THSteps OPE modules also refer and link to this module.</p> <p>All of the THSteps OPE modules are available online and in a face-to-face lecture format. The modules are free of charge, provide free CE credit, and are available to all professional schools. All THSteps OPE modules are reviewed and updated annually for the renewal of their CE accreditation.</p>

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		<p>All modules have current accreditation.</p> <p>Since the first Texas Health Steps (THSteps) Online Provider Education (OPE) module was made available in November 2006, a total of 14,163 participants have completed THSteps OPE modules online. These 14,163 participants self-identified as follows:</p> <ul style="list-style-type: none"> • 2,240 allopathic and osteopathic physicians, • 1,814 behavioral health and social service providers, • 608 dental providers, • 581 physician assistants and advanced practice registered nurses, • 4,814 nurses, and • 3,987 self-identified in the "other" category. <p>THSteps OPE modules are also offered in a face-to-face format. Since the face-to-face format relies on paper for data collection, there is a lag between the training session and reporting the attendance at the training session. The face-to-face format offers the same content as the THSteps OPE modules and the Continuing Education (CE) units through a different delivery format. DSHS Health Service Region provider relations staff facilitate the training sessions. From March, 2011, through May, 2011, 177 participants completed various modules face-to-face. The 177 participants self-identified as follows:</p> <ul style="list-style-type: none"> • 13 allopathic and osteopathic physicians, • 37 behavioral health and social service providers, • 44 nurses, • 62 self-identified in the "other" category, and

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		<ul style="list-style-type: none"> • 17 did not identify their provider type. <p>The provider types listed above do not represent the total number of participants who have completed a THSteps OPE course in the online and/or face-to-face formats. For a more detailed accounting of provider types and additional information on the utilization of the THSteps OPE modules in either format, Defendants are providing the <i>THSteps Online Provider Education Module Utilization Report Cumulative and By Quarter</i>, EXHIBIT 13, and the <i>THSteps Online Provider Education Module Utilization: Face-to-Face Delivery Report By Quarter</i>. EXHIBIT 14</p>
¶ 107	Provide information and facilitate ongoing training about Medicaid and THSteps at all schools that train health care providers that can serve class members.	<p>Periodically throughout the year, the DSHS Health Service Region provider relations staff contacts various medical, nursing, and social work schools in their geographic areas. Presentations on Texas Health Steps (THSteps) services are offered to discuss how they, as health-care professionals, can be part of this preventive health program for children upon graduation and to provide training on THSteps checkup components. Staff shares information about the THSteps Online Provider Education (OPE) modules with this audience as well.</p> <p>DSHS Health Service Region provider relations staff throughout the state provides information/trainings about Medicaid and THSteps services at schools or institutions that train health-care providers that may serve class members. Examples of such training activities conducted during this reporting period by DSHS Health Service Region provider relations staff are included in the <i>DSHS THSteps Provider Relations Activities Report</i>. EXHIBIT 3</p> <p>No recruitment activities were conducted at professional schools that train healthcare providers during the period covered by this report. TMHP will begin working with professional schools in August (after the summer break) to plan events for the next fiscal year.</p> <p>During this reporting period, DSHS conducted First Dental Home (FDH) training of senior</p>

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		<p>dental students and pediatric dental residents at each of the three Texas dental schools.</p> <p>Oral Evaluation and Fluoride Varnish (OEFV) training was coordinated with and conducted at two medical pediatric residency programs associated with Dell Children's Hospital in Austin and Driscoll Children's Hospital in Corpus Christi during this reporting period.</p> <p>Please also refer to information provided in paragraphs 100-102 for details regarding recruitment of professional schools.</p> <p>Please also refer to information provided in paragraph 108 for details regarding FDH and OEFV training.</p>
¶ 108	Make staff available to participate in ongoing training in conjunction with appropriate professional training, e.g. how to conduct a medical check up for a teenager or a dental check up for an infant.	<p>DSHS staff proactively notifies professional associations and others who serve providers that DSHS is available to provide training designed to increase their understanding of issues relevant to the provision of Texas Health Steps (THSteps) services.</p> <p>During this reporting period:</p> <p>First Dental Home (FDH) training for THSteps dental providers on how to conduct a dental checkup on a child 6 through 35 months of age was provided through the FDH online module. Three pediatric dentists and 116 general dentists completed the FDH training/certification and submitted registration information to DSHS Oral Health staff in order to be identified as FDH providers. DSHS Oral Health Program staff is available by phone and email to answer questions associated with FDH training and implementation.</p> <p>FDH in-person training was offered during the Texas Dental Association's Annual Meeting in</p>

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		<p>San Antonio. FDH in-person training was also offered to the senior dental students and pediatric dental residents at each of the three Texas dental schools. A total of 152 senior dental students and 17 pediatric dental residents participated in the FDH trainings offered in March and April, 2011.</p> <p>DSHS Oral Health Program staff provided Oral Evaluation and Fluoride Varnish (OEFV) in the Medical Home training to 164 physicians, 14 physician assistants, and 11 advanced practice registered nurses through the THSteps Online Provider Education OEFV training module and through in-person trainings at Dell Children's Hospital in Austin and Driscoll Children's Hospital in Corpus Christi.</p>
¶ 109	Staff will be made available to professional organizations for training about THSteps to include THSteps administrative aspects and clinical issues.	<p>TMHP participated and provided training and information on Medical services to multiple professional organizations and associations during the period covered by this report. For a complete listing, see Section 8 Outreach Events found on the <i>TMHP Monthly Provider Relations Report</i>, EXHIBIT 11.</p> <p>DSHS Oral Health Program (OHP) staff continues to work with the Texas Dental Association (TDA), the Texas Academy of Pediatric Dentistry (TAPD), and the Texas Academy of General Dentistry (TAGD) to identify training opportunities for Texas Health Steps (THSteps) enrolled dentists, and to identify administrative and/or clinical issues and possible solutions through quarterly Medicaid dental stakeholder meetings. DSHS OHP staff continues to work with TDA, TAPD, TAGD, and the three Texas dental schools to provide ongoing training about THSteps, to identify dental provider enrollment concerns, and to identify strategies to recruit more THSteps dental providers. THSteps staff is available to professional organizations to assist in the provision of training on THSteps.</p> <p>DSHS OHP staff continues to work with all three Texas dental schools to offer First Dental Home</p>

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		<p>(FDH) training to their senior dental students and their dental pediatric and general practice residents for the 2010-2011 school year. Participants will receive documentation of training completion that can be used upon graduation should the participants decide to enroll as THSteps dental providers. This will enable the graduates to provide FDH visits to class members 6 through 35 months of age immediately upon enrollment in Texas Medicaid.</p> <p>DSHS OHP staff provided FDH training and “Taking the Mystery Out of Texas Medicaid” during the May 2011 TDA Annual Meeting in San Antonio. Based on numbers provided by the TDA, there were 98 attendees at the FDH training and 194 attendees at the Taking the Mystery Out of Texas Medicaid session.</p>
¶¶ 110-111	Conduct training seminars for medical and dental check up providers about THSteps. Training will include billing and administrative issues.	<p>Texas Medicaid & Healthcare Partnership (TMHP) conducted training about Texas Health Steps (THSteps) medical and dental checkups that included billing issues in 5 cities, training 419 providers during this reporting period.</p> <p>Additional information on TMHP training activities can be found in the <i>TMHP Monthly Provider Relations Report</i>, EXHIBIT 11.</p>
¶¶ 112-114	Facilitate training for professionals about mental health assessments for indigent children and youth. The training will describe Medicaid coverage of outpatient mental health services.	<p>In response to the decree or corrective action order requirements, Mental Health Screening and Mental Health and Behavioral Disorders modules were developed and first introduced to the Texas Health Steps (THSteps) Online Provider Education (OPE) line-up in 2008. The initial modules were made possible through a collaborative effort between THSteps and the DSHS Mental Health and Substance Abuse Services Division.</p> <p>Collaborative efforts continue with DSHS Mental Health and Substance Abuse Services Division with their review, updates, and suggested module topics. Modules relating to outpatient mental health services are:</p>

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		<ul style="list-style-type: none"> • <i>Mental Health Screening</i> – introduces THSteps providers and others to best practices for mental health screening and Medicaid coverage for mental health services for children from birth through age 20. • <i>Mental, Emotional, and Behavioral Disorders</i> – educates THSteps providers on the identification, assessment, and management of children with mental, emotional, and behavior disorders. • <i>Identifying Children and Teens with High-Risk Behavior</i> – educates THSteps providers and others as to the principal signs and symptoms of high-risk behavior in children and teens, as well as intervention and treatment options. • <i>Pediatric Depression: When to Refer</i> – educates THSteps providers and others about how to identify and manage depression in children and adolescents who present in a primary care setting; when to refer more severe cases to a psychiatric specialist; and what ongoing care and coordination is needed for clients in the mental health specialty system. <p>These mental health related modules are available online and in a face-to-face lecture format. Both formats are free to participants and provide continuing education units. For information about the usage of these and other THSteps OPE modules, Defendants are providing the <i>THSteps Online Provider Education Module Utilization Report, Cumulative and By Quarter</i>. EXHIBIT 13</p> <p>DSHS Health Service Region provider relations staff provides training to providers and other professionals regarding all components of the THSteps medical checkup, including the mental health screening. For additional information to further support DSHS Health Service Region provider relations training activities, Defendants are providing the <i>DSHS THSteps Provider Relations Activities Report</i>. EXHIBIT 3</p> <p>Ongoing provider training is a primary focus of DSHS Health Service Region provider relations staff. In addition, DSHS Health Service Region provider relations staff participates in community resource</p>

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		and coordination groups with other DSHS staff, juvenile probation representatives, and school district personnel. In such forums, participants provide THSteps information, offer resources, discuss options, and seek solutions for families or caretakers with children who have mental health/behavioral issues, special health-care needs, or families in crisis. DSHS case managers also participate by providing their knowledge and expertise about THSteps and Medicaid regarding services and community resources. As part of their meetings and participation in the various events, DSHS case management staff also promotes the THSteps OPE modules describing their content, ease of access, and the free Continuing Education units offered on completion.
¶ 115	By January 15, 1996, Defendants will convene a panel of experts in child and adolescent mental health to evaluate the THSteps mental health screening tool for validity and appropriateness for use in Texas. The evaluation will be completed by April 15, 1996, and any needed changes implemented by September 1, 1996.	Completed.
¶ 116	Facilitate training for professionals in the provision of THSteps services to teenagers.	Several of the Texas Health Steps (THSteps) Online Provider Education (OPE) modules, including Adolescent Health Screening, Identifying Children and Teens with High-Risk Behaviors, and Teen Consent and Confidentiality modules, cover important information about the provision of services to teens. For information about the usage of these and other THSteps OPE modules, Defendants are providing the <i>THSteps Online Provider Education Module Utilization Report Cumulative and</i>

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		<p><i>By Quarter. EXHIBIT 13</i></p> <p><i>DSHS Health Service Region provider relations staff facilitate training to professionals on numerous issues related to THSteps, including the provision of services to teenagers. See the DSHS THSteps Provider Relations Activities Report. EXHIBIT 3</i></p>
¶ 117	Facilitate training on new clinical issues regarding provision of care to class members.	<p>Defendants continue with additional efforts and marketing strategies aimed at reaching a broader audience and securing greater provider participation in the Texas Health Steps (THSteps) Online Provider Education (OPE) modules.</p> <p>Web marketing strategies were implemented in December, 2010. From March 1, 2011, through May 31, 2011, web advertisements resulted in a 3.60 percent click-to-conversion rate (meaning that 3.60 percent of the people who clicked on a web advertisement completed the registration process). The THSteps OPE web advertisements click to conversion rate of 3.60 percent is higher than industry average. According to the Fireclick Index, an industry-leading provider of web analytics services, the most recent average conversion rate across the web is 2.00 percent. In addition to web advertisements, print advertisements continue to be placed in appropriate trade magazines throughout the State of Texas.</p> <p>To renew accreditation, subject matter experts review and update the content of each THSteps OPE module annually. During the annual review and update, new information is added to the modules. If new clinical issues arise prior to the annual review, the THSteps OPE modules are updated to reflect the changes.</p> <p>The THSteps OPE modules are not the only method that Defendants utilize to facilitate training of professionals. In addition to the THSteps OPE modules, other methods such as face-to-face trainings</p>

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		<p>are offered. For example, THSteps dental staff provides the Oral Evaluation and Fluoride Varnish in the Medical Home (OEFV) training to medical providers and the First Dental Home (FDH) training to dental providers.</p> <p><i>See also, ¶108 for the numbers of providers trained on OEFV and FDH this reporting period.</i></p> <p>Also, a primary focus of the DSHS Health Service Region provider relations staff is to ensure, through Expert Forums and one-on-one office visits, that providers are educated on policy and benefit changes and updates relevant to the provision of care to class members. <i>See DSHS THSteps Provider Relations Activities Report. EXHIBIT 3</i></p>
¶¶ 118-120	<p>Develop training modules designed to be included in other training programs about the realities of class members' lives to attempt to improve providers' attitudes toward class members. Provide training materials to professional schools.</p>	<p>THSteps developed an OPE module that portrays the realities of class members' lives and provides information about cultural sensitivity. The purpose of this module is to assist in improving providers' understanding of the realities and challenges faced by class members. Other THSteps OPE modules refer to and link to this module. During this quarter, 296 participants completed the module on Cultural Competence. <i>See THSteps Online Provider Education Module Utilization Report Cumulative and By Quarter. EXHIBIT 13</i></p> <p>The DSHS Health Service Region provider relations staff engages in training on Cultural Sensitivity and promotes the THSteps OPE modules to professional schools. <i>See DSHS THSteps Provider Relations Activities Report. EXHIBIT 3</i></p>
¶¶ 121-123	<p>Training for nurses will be available to DSHS and non-DSHS nurses. Training will include information about:</p> <ul style="list-style-type: none"> • The comprehensive nature 	<p>Texas Health Steps (THSteps) developed THSteps Online Provider Education (OPE) modules that contain courses approved for Continuing Education by the American Nurses Credentialing Center's Commission on Accreditation. Module topics include:</p> <ul style="list-style-type: none"> • THSteps program overview and its benefits for class members.

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	<p>of THSteps.</p> <ul style="list-style-type: none"> • The provision of services for teens. • Mental health assessments and mental health services. • Cultural sensitivity. • New clinical issues as they arise. 	<ul style="list-style-type: none"> • Adolescent Health Screening. • Identifying Children and Teens with High Risk Behaviors. • Cultural Competence. • Mental Health Screening. • Mental Health and Behavioral Disorders. • Specimen Collection. • The most up-to-date clinical processes. <p>All of these modules are available online and in a face-to-face lecture format. Participants that self-identify as nurses account for the greatest proportion of health professionals that complete the THSteps OPE modules. Since the first THSteps OPE module was made available in November 2006, a total of 4,814 unduplicated nurses have completed modules online. During the current reporting period, nurses completed 2,609 modules online. See <i>THSteps Online Provider Education Module: Utilization by Nurses Report Cumulative and By Quarter</i>. EXHIBIT 15</p> <p>For the period from March, 2011, through May, 2011, DSHS Health Service Region provider relations staff provided 22 sessions of THSteps OPE modules in a face-to-face format in various regions. The sessions consisted of the following modules:</p> <ul style="list-style-type: none"> • Medicaid Children's Services • Specimen Collection • THSteps Overview • Cultural Competence • Management of Overweight and Obesity in Children • Immunizations

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		<ul style="list-style-type: none"> • Case Management Transition Services • Mental, Emotional, and Behavioral Disorders <p>A total of 44 nurses completed THSteps OPE modules in the face-to-face delivery format. For more information on the utilization of the THSteps OPE modules in a face-to-face format, Defendants are providing the <i>THSteps Online Provider Education Module Utilization by Nurses Report Cumulative and By Quarter. EXHIBIT 15</i></p> <p>DSHS Health Service Region provider relations staff also provides Expert Forums to which nurses are invited. See the <i>DSHS THSteps Provider Relations Activities Report. EXHIBIT 3</i></p>
¶¶ 124-130	Training for pharmacists about THSteps and Medicaid coverage of items found in pharmacies. The training process will include validation of knowledge and understanding. If understanding is not acceptable, an initiative to orally inform pharmacists about THSteps coverage is required.	<p><u>Pharmacy Continuing Education Online Course</u> VDP and the Texas Pharmacy Association (TPA) continue to post information on their websites about the pharmacy continuing education (CE) online course, available through THSteps. The THSteps OPE trainers continue to work with Sherry Mathews Advocacy Marketing (SMAM) and the VDP staff at HHSC to determine better ways in which to reach this target audience. The on-line advertisement banner added by SMAM continues to post on TPA's Rxcellence webpage, http://www.rxcellence.org/. Other methods for reaching out to pharmacists within the state are being researched and will be reported in future QMR.</p> <p>Information about the course is included in direct mail to all newly contracted VDP pharmacies, continues to appear in all issues of the RxUpdate periodicals, and has been re-sent to all HHS News Service subscribers via an e-mail message. During the period covered by this report, 15 pharmacists and 15 pharmacy technicians participated in the free CE online training.</p> <p><u>Activity with Texas Pharmacy Association (TPA)</u></p>

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		<p>TPA continues to post information on their website about the free pharmacy continuing education online course, (http://centerforexcellence.txpharmacy.org/index.cfm?pg=CELlinks).</p> <p>TPA also continues to post information about guidelines for the 72-hour emergency supply prescriptions, information about VDP's quarterly newsletter, VDP website, the free online searchable tool of formulary and clinical edit criteria, and the new VDP prior authorization vendor, (http://www.txpharmacy.com/displaycommon.cfm?an=1&subarticlenbr=165).</p> <p><u>72-Hour Emergency Prescription</u> VDP and TPA continue to post information about the 72-hour emergency supply prescription procedures on their websites. In addition, the information is included in mailings to all newly contracted pharmacies, continues to appear in all issues of the RxUpdate periodicals, was re-sent to all HHS News Service subscribers via an e-mail message, and is included as part of education during regional pharmacists' on-site visits.</p> <p><u>Durable Medical Equipment (DME) Pharmacy Provider</u> The CAO requires Defendants to "encourage" pharmacy DME enrollment. VDP continues to encourage pharmacy DME enrollment by posting information about DME enrollment procedures on their website. In addition, the information is included in mailings to all newly contracted pharmacies, continues to appear in all issues of the RxUpdate periodicals, is discussed during VDP regional pharmacists' on-site visits, and was re-sent to all HHS News Service subscribers via an e-mail message.</p> <p><u>Limited Home Health Supplies Provided by VDP Medicaid Enrolled Pharmacies</u> A state plan amendment (SPA) allowing limited DME and home health medical supplies to be billed through VDP's claims processing system was officially approved by CMS on December 16, 2010. A Texas Administrative Code (TAC) rule allowing this new effort was approved by</p>

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		<p>HHSC's Medical Care Advisory Committee and Health and Human Services Council. The rule will be posted in the Texas Register in October 2011. The effective date, which is to be determined, will be based on implementation date. Implementation depends on final scope of work and total effort required to complete the project. Updates will be provided in future QMRs.</p> <p><u>VDP Regional Staff Activities</u> Pharmacy visits are conducted for continued education, monitoring, and compliance. The visits may be random or targeted based on identified issues. Education provided during these visits includes information about 72-hour emergency supply prescription procedures, the pharmacy continuing education online course, DME, the formulary search tools, and other Medicaid services.</p> <p>During this reporting period, VDP regional staff attended DSHS' "Get the Most Out of Texas Medicaid" training in Cisco and Snyder, THSteps' Medicaid Health Forum in Houston, Chambers County Children's Non-Profit Networking Resources Day, and visited Bay Colony Pediatrics in Houston. VDP regional staff provided education and answered questions from Medicaid enrolled providers in attendance regarding Medicaid VDP procedures, including 72-hour emergency supply prescriptions. Educational reminders, including information on the Preferred Drug List and the process to obtain prior authorizations for Medicaid prescriptions, were provided.</p> <p><u>Activity with the Texas State Board of Pharmacy</u> Texas State Board of Pharmacy (TSBP) includes information on its website (http://www.tsbp.state.tx.us/vendorsrug.htm) about the 72-hour emergency prescription, free pharmacy continuing education online course, information on how to obtain maximum Medicaid coverage for claims covered by third-party insurance (coordination of benefits) and information about</p>

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		<p>VDP's new pharmacy claims processor.</p> <p><u>Activity with the Texas Pediatric Society</u> The Texas Pediatric Society (TPS) continues to include information to its website https://www.txpeds.org/texas-medicaid-vendor-drug-program on the Preferred Drug List and the process to obtain prior authorizations for Medicaid prescriptions.</p>
¶ 131	Arrange scholarships to enable needy providers to attend DSHS sponsored THSteps training programs.	<p>The Texas Health Steps (THSteps) Online Provider Education modules are free and are available online and in the face-to-face lecture format.</p> <p>Numerous free trainings are offered in regional locations by both DSHS and Texas Medicaid & Healthcare Partnership (TMHP). These free trainings include the THSteps Expert Forums, and all TMHP provider workshops, seminars, and in-service trainings. Scholarships are unnecessary since all training opportunities are provided at no charge.</p>

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¶¶ 136-138	<p>Assist public providers to fully serve class members by:</p> <ul style="list-style-type: none"> • Resolving problems preventing class members from receiving services from public providers. • Developing strong links between provider relations staff and family planning clinics to facilitate referrals. • Resolving issues for providers who receive cost based reimbursement for check ups. • Facilitating training for staff when appropriate. 	<p>DSHS Health Service Region provider relations staff provides training and information on training opportunities to public providers. They also work to resolve issues that prevent THSteps class members from receiving services from public providers. For additional information to further support regional activities, Defendants are providing the <i>DSHS THSteps Provider Relations Activities Report. EXHIBIT 3</i></p>
¶¶ 139-140	<p>Coordinate efforts to recruit family planning clinics and other non-participating public providers to provide THSteps medical check ups.</p>	<p>TMHP conducts recruitment of family planning clinics on a referral basis as directed by the state. One family planning provider was contacted in Bowie County in during this quarter. For additional information on TMHP recruitment activities see <i>TMHP Monthly Provider Relations Report, EXHIBIT 11.</i></p>
¶ 141	<p>Recruit school districts to provide THSteps medical and dental check ups and</p>	<p>TMHP includes Texas Health Steps recruitment during initial recruitment visits with districts for school health services. Initial recruitment visits are made upon referral. No school district referrals were received and no recruitment efforts were made during this quarter.</p>

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	coordinate other needed services.	
¶ 142	Cooperate with Head Start programs to ensure Head Start class members have access to THSteps services.	<p>DSHS Health Service Region provider relations staff is a significant resource to the Head Start programs in their areas and helps to ensure Head Start students have access to Texas Health Steps (THSteps) services. DSHS Health Service Region provider relations staff continues to provide updates on changes to THSteps medical and dental checkup policy and facilitates access to MAXIMUS for those who need assistance. In some areas, they serve as a member of the Head Start committees and participate in community events targeting class members and others. For information on DSHS Health Service Region provider relations staff's collaborative efforts with Head Start programs see the <i>DSHS THSteps Provider Relations Activities Report</i>. EXHIBIT 3</p> <p>DSHS Oral Health Program (OHP) staff continues to collaborate with Head Start and dental associations such as Texas Dental Association (TDA), Texas Academy of Pediatric Dentistry (TAPD), Texas Academy of General Dentistry (TAGD), the Texas Dental Hygienist's Association (TDHA), the three Texas dental schools, and other community and faith-based organizations to identify ways to increase access to dental care for class members and Head Start participants.</p> <p>Defendants continue their ongoing efforts with Head Start grantees and/or centers to share information with both administrators and parents/caretakers. These activities include presenting information in trainings targeted to Head Start, making visits to Head Start programs, and presenting in collaborative forums in which Head Start representatives and/or parents are in attendance. MAXIMUS' efforts related to Head Start programs are detailed in Section 7 of the <i>THSteps Monthly MAXIMUS Reports</i> for the months of March, April, and May, 2011, EXHIBIT 4.</p>
Check ups CAO	Coordinate decisions for implementing changes in	<u>Medical Checkups</u> DSHS and HHSC continue to facilitate Texas Health Steps Process Improvement Project Workgroup

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	THSteps check up elements with appropriate professional organizations.	<p>(PIP) to discuss decisions for implementing changes in Texas Health Steps medical checkups. The Process Improvement Plan (PIP) Workgroup met in Austin on April 28, 2011, to discuss Texas Health Steps policy and recent activities.</p> <p>The agenda for the meeting focused on how to reformat the periodicity schedule to address confusion reported by physicians and their staff. The new format outlines the required checkup components and is an attempt to clarify the ages at which certain components are <u>not</u> required. PIP members made numerous suggestions for further clarifications to the schedule. An interim revised periodicity schedule reflecting the removal of the Pap test requirement for THSteps checkups was made available to all providers on June 1, in the current format. The revised periodicity schedule that incorporates comments and suggestions at this meeting will be released when the current THSteps policy review is completed.</p> <p>In addition to discussion on the periodicity schedule the workgroup reviewed a draft copy of the Adolescent Health Guide, which is a companion document to the <i>Teen Consent and Confidentiality</i> provider education module that was introduced in late April. The guide is intended as a resource for a wide variety of audiences to cover issues of confidential services, minor consent laws, mandatory reporting laws, and a brief overview of adolescent development. It incorporates some of the most frequently asked topics related to adolescent health care in one pocket/desk reference guide that also includes a small table of legal references by topic. Development of the Adolescent Health Guide has been a collaborative effort between Texas Health Steps, the DSHS Adolescent Health coordinator, HHSC Office of Medical Director, Dr. Neavel of the PIP workgroup and others.</p> <p><u>Dental Checkups</u> The state dental director and DSHS Oral Health Program staff continue to work with the Texas Dental Association, the Texas Academy of Pediatric Dentistry, the Texas Academy of General Dentistry, and</p>

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		the three Texas dental schools to coordinate the gathering of suggestions and input from Medicaid dental stakeholders that is considered when making decisions associated with the implementation of potential changes in Texas Health Steps (THSteps) dental checkup elements. At this time, no changes are planned to the THSteps dental checkup elements.
Rx and DME CAO	Preferred Drug List Subscription Service.	<p>As required by the <i>Corrective Action Order: Prescription and Non-Prescription Medications, Medical Equipment and Supplies</i>, HHSC implemented, and continues to offer, an online subscription service for the Preferred Drug List (PDL). Information on drugs is updated as the Medicaid PDL is updated. Currently, there are 73,582 subscribers for this service at no cost to subscriber.</p> <p>Health Information Designs, Inc. (HID)'s PAXpress now maintains the enhanced formulary. The searchable enhanced formulary and clinical edit criteria maintained by Health Information Designs, Inc. (HID) PAXpress continues to be found on the HHSC website at http://www.txvendordrug.com/formulary/enhanced-form-search.shtml, also with a direct web link: https://paxpress.txpa.hidinc.com/, posted on the TPA (http://www.txpharmacy.com/displaycommon.cfm?an=1&subarticlenbr=165), Texas Medical Association (http://www.texmed.org/Template.aspx?id=4130), and Texas Pediatric Society (TPS) http://www.txpeds.org/texas-medicaid-vendor-drug-program website.</p> <p>During this reporting period, there were 5,690 distinct visits to the VDP's new prior authorization (PA) vendor's PAXpress website. This web page serves as the home page for the new PA vendor which includes links to enhanced formulary search and the new online portal for submitting requests for outpatient pharmacy prescription drug PDL PA's and is likely the reason for the significant increase in visitors.</p>
Rx and DME CAO	Training for Ombudsman and STAR nurse lines.	Completed.

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Provider Training CAO	Recognition for providers receiving training.	<p>DSHS Texas Health Steps (THSteps) provides free Continuing Education for select licensures and awards certificates of completion for each THSteps Online Provider Education module.</p> <p>With consent, names of enrolled Medicaid providers who participate in Texas Health Steps related training are posted on the HHSC Medicaid/CHIP website at: http://www.hhsc.state.tx.us/medicaid/Provider_Training.asp.</p>

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¶ 143	Defendants must provide periodic dental check ups and needed dental services to relieve pain, restore teeth, and maintain dental for class members.	Texas Health Steps dental periodicity schedule for class members provides for dental checkups every six months beginning at six months of age and dental services as needed by class members to relieve pain, restore teeth, and support the maintenance of good oral health. Children 6 through 35 months of age can receive medically necessary First Dental Home services as frequently as every three months.
¶ 154	DSHS may, at its option, perform dental scans for class members who are 2 nd or 3 rd and 6 th or 7 th grades.	Department of State Health Services (DSHS) Oral Health Program (OHP) regional dental teams perform quarterly dental screenings, prior to providing preventive dental services, on class members during school-based and Head Start preventive dental services projects for which parental permission for the dental screening has been obtained. In providing preventive dental services, the DSHS OHP regional dental teams offer to perform dental screenings for all children at each selected school. Depending on the grades offered at the selected schools, dental screenings may be performed on class members in

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		second, third, sixth, seventh, and additional grade levels. <i>See also</i> , ¶ 16.
¶ 159	It is preferable for class members to receive sealants in the context of dental check ups as part of comprehensive dental care. DSHS public health dentists should provide sealants for class members who want them, if dentally appropriate.	<p>DSHS Oral Health Program (OHP) regional dental teams offer dental sealants in school settings to children who have a signed a parental permission form from their parent/guardian. However, because these services will not be billed to Medicaid, they will not be captured in the Medicaid claims processing system as a paid claim, and thus, will not be reported on the CMS-416 report or the Texas Health Steps (THSteps) Dental Statewideness report. This results in underreporting of class members who participate in the THSteps dental services program and who receive dental sealants.</p> <p>DSHS OHP regional dental teams place dental sealants on class members during school-based preventive dental services projects when:</p> <ul style="list-style-type: none"> • Dentally appropriate. • The parents or guardians of the class members have given permission for dental screening and application of dental sealants and/or fluoride varnish. <p>During this reporting period, DSHS OHP regional dental teams provided dental sealants to 305 class members through school-based dental sealant projects and collaborative events with community-based partners.</p>
¶ 160	Current THSteps regulations allow the placement of sealants for class members younger than 14 years. By September 30, 1995, Defendants will cover all necessary sealants regardless of the class	Completed.

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	member's age.	
¶ 161	Defendants will identify all dentists who provide services but no, or few, sealants. Letters will be sent to dentists who regularly provide sealants and dentists who do not. Dentists who do not provide sealants will receive targeted outreach about sealants unless their specialty indicates they would not provide this service.	Completed.
¶ 165	Report the number and percent of dentists who see 0-29, 30-99, and 100+ class members every 3 months.	The Active and Enrolled Dental Provider Participation Report 1996-2010 as described in the Consent Decree is attached. EXHIBIT 16
¶ 167	The professional conduct of audits is important to class members. Defendants will finalize policies or rules for the audits by September 30,	Completed.

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	1995.	
¶ 169	Develop standards (dental) based on consultation with appropriate experts including the chairs of the Departments of Pediatric Dentistry in Texas.	Completed. Beginning in 2007, Texas Medicaid adopted the American Academy of Pediatric Dentistry's Guidelines on Anticipatory Guidance, Periodicity of Examination, Preventive Dental Services, and Oral Treatment for Children as the THSteps periodicity schedule for dental services. After consultation with the chairs of the Departments of Pediatric Dentistry at the three Texas dental schools and private practice pediatric dental professionals, the THSteps dental periodicity schedule was amended to reflect the February, 2008, expansion of THSteps preventive dental visits for class members to begin at six months of age.
¶ 170-171	Class members are entitled to dental check ups every six months. Report the number and percent of class members by age that received dental check ups. Extended and Revised by 2007 Corrective Action Order for Check Up Reports and Lagging Counties.	Reports for receipt of dental services as described in the Corrective Action Order: Check Up Reports and Plans for Lagging Counties are provided in EXHIBIT 17, <i>A Report on Service Utilization of Texas Health Steps Dental Checkups</i>.
¶ 172	By December 1, 1996, agree on expected increases in the number and percent of class members who receive one and two dental check	As reported previously, the parties have not agreed on expected annual increases in the number and percent of class members who receive one and two dental checkups. Plaintiffs proposed an annual increase of ten percent for class members who receive one dental checkup and a ten percent increase for class members who receive two dental checkups. However, Plaintiffs have not supplied empirical data to support their proposal. Defendants proposed a two-percent gain in participation for members

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	ups/year.	<p>receiving one checkup each year and a three-percent gain in participation of class members receiving two checkups each year.</p> <p>In October 2010, Defendants provided a summary of annual increases in the number and percent of class members who received one and two dental checkups for state fiscal years 1997 through 2009. Defendants' <i>Texas Health Steps Dental Checkups 1997-2010</i>, EXHIBIT 18, updates this report to include data from state fiscal year 2011. When comparing data for dental checkups (shown as billing codes D0120 and D0150), Defendants did not experience the expected increase for the number receiving one checkup, but rather saw a small decrease of 0.3 percent from 2009 to 2010. However, Defendants saw a higher than expected increase (18.9 percent) among children receiving two or more dental checkups during the same time frame.</p> <p>When including First Dental Home services (D0145) for children under age three, Defendants showed an increase of 4.8 percent from 2009 to 2010 for members who received one checkup and a 29.5 percent increase among members who received more than one checkup.</p>
¶¶ 173-174	Professionally valid study to assess class members' dental health. Revised by 2007 <i>Corrective Action Order: Health Outcomes Measures and Dental Assessment</i> .	Defendants completed the first Dental Assessment required by the <i>Corrective Action Order: Health Outcomes Measures and Dental Assessment</i> (CAO) on December 31, 2009. Upon denying Defendants Rule 60(b)(5) motion for relief from the remaining requirements of the CAO, the Court ordered Defendants to propose corrective action within 120 days of its March 30, 2011 order. Defendants provided Plaintiffs their proposed corrective action plan on June 21, 2011. EXHIBIT 18
CAO: Health Care Provider	Implement a program statewide to train licensed general dentists to provide	Completed. Training continues. See July 2008 Quarterly Monitoring Report. Assessment of training in Texas dental schools was completed. The <i>Corrective Action Order: Health-Care Provider Training</i> required training for general dentists to

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Training	dental check ups for children 1 to 3 years of age.	<p>begin no later than nine months after entry of the order. The Department of State Health Services (DSHS) Oral Health Program staff began training targeted for general dentists in May, 2008. During this reporting period, 116 general dentists participated in First Dental Home (FDH) training through the Texas Health Steps Online Provider Education FDH training module. For additional details on locations, see the <i>First Dental Home Training by Location, Date, and Number of Attendees</i>. EXHIBIT 19</p> <p>As of November, 2010, 1,769 general dentists had been trained and certified to provide dental checkups to children less than 36 months of age. During the first quarter of fiscal year 2011:</p> <ul style="list-style-type: none"> • 1,500 (84.8 percent) of these trained general dentists billed Medicaid for providing any dental services to children under age three. • 129,468 children under age three received a dental checkup from these trained general dentists, • 28,948 children under age three received other dental services from these trained dentists. <p>See <i>Dental Services Provided to Children Under 36 Months of Age by General Dentists After Completing the Training (June, 2010 through August, 2010)</i>. EXHIBIT 20</p>

SPECIAL GROUP – CHILDREN of MIGRANT FARM WORKERS		
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¶¶ 176-181	Outreach will be provided to	<u>Coordination with the Texas Education Agency</u>

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	children of migrant farm workers to help them receive as many THSteps services as possible while they are in Texas. The outreach program will identify children of migrant farm workers and will make efforts to utilize THSteps benefits. Efforts will include door to door outreach.	<p>A Memorandum of Understanding (MOU) between the Texas Education Agency (TEA), DSHS, and HHSC was signed in February 2009 and is being amended to allow monthly migrant data exchanges. The migrant data exchange began as a monthly process in July 2010.</p> <p><u>Medicaid Managed Care</u> HHSC contracts with Medicaid Health Maintenance Organizations (HMOs) and Primary Care Case Management (PCCM) to provide services to class members, including children of migrant farm workers enrolled in Medicaid managed care. These contracts include requirements to identify children of migrant farm workers and inform their families about Medicaid services. A total of 8,865 children of migrant farm workers (CMFWs) who are enrolled in Medicaid managed care have been identified by HMO and PCCM since February 1, 2008.</p> <p>HHSC, in collaboration with the Department of State Health Services, developed the first “fotonovela” in English and Spanish for Texas migrants in Medicaid. It encourages migrant farm workers to contact their MCO to self-identify. El Paso First Premier, Firstcare and Texas Children’s Health Plan piloted the fotonovela from November 10, 2010 to May 25, 2011. MCO outreach staff provided the fotonovela to its membership at events in order to identify migrant children.</p> <p>No children of migrant farm workers were identified as a result of the fotonovela pilot. However, the MCOs conducted focus groups comprised of migrant families in each Service Area and provided the following comments: 1) Fotonovela is colorful and language appropriate. 2) Focus groups recommend the fotonovela be a longer story with a beginning, middle, and end. 3) Focus groups were split between the use of bubble text and pictures of workers in the field. 4) Pictures of farm workers processing the crop should be included. 5) Pictures used should represent a “true” migrant family setting and situation.</p>

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		<p>HHSC and DSHS will further evaluate the feedback provided by the MCOs on the fotonovela and will consider future use.</p> <p>As reported in previous QMRs, MCOs proposed during the migrant forum in the Harris Service Area in May 2010 that HHSC develop an introductory letter that could be used by the MCOs' outreach staff when contacting migrant organizations. The introductory letter was recommended by the MCOs as a way to remove barriers when first contacting a migrant organization and establishing collaborative efforts. During this reporting quarter, HHSC provided an introductory letter on HHSC letterhead to the MCOs' outreach staff to use when contacting migrant organizations.</p> <p>For information on targeted outreach and informing conducted by the HMOs and PCCM, see the <i>Activities Report for Medicaid Managed Care Organizations</i>. EXHIBIT 6</p> <p><u>Managed Care Monitoring</u> In September 2010, each managed care organization submitted its annual report describing its efforts to identify and inform children of migrant farm workers. HHSC completed monitoring of these reports and analysis of MCOs' supporting documentation. HHSC issued a corrective action plan for AMERIGROUP for the Nueces, Bexar and Tarrant Service Areas for its lack of collaborative efforts with organizations that work with migrants.</p> <p>During the reporting period, AMERIGROUP submitted its second deliverable as part of the corrective action plan that details the migrant organizations it has contacted in each Service Area and related efforts, and HHSC approved the deliverable. AMERIGROUP will submit at least one more quarterly deliverable update on its efforts to work collaboratively with migrant organizations before HHSC will consider closure of this corrective action.</p>

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		<p>In addition to monitoring related outreach and identification of children of migrant farm workers, Medicaid Managed Care Health Plan Operations also monitors procedures for maintaining an accurate list of identified children and for provisions of accelerated services. Managed care organizations report a total of 9 children of migrant farm workers received accelerated services during the period covered by this report. MCOs note accelerated services are not provided to a larger number of children because migrant farm worker children are not migrating and/or the family chooses to schedule the Texas Health Steps appointments themselves.</p> <p><u>Texas Health Steps Outreach Unit</u> MAXIMUS works closely with the Texas Education Service Centers throughout the state to provide information regarding Texas Health Steps services to center personnel, and encourages them to share this information with migrant families with whom they interact. Information is presented regarding enrollment, accelerated services, transportation, and provider availability in all areas of the state.</p>
¶ 182	Eligibility workers will determine if migrant farm workers would like further information about THSteps or if they would like help scheduling appointments when they apply for Medicaid benefits on behalf of THSteps eligible children.	The THSteps instructor-led training includes training to identify children of seasonal migrant workers. Policy includes a requirement for HHSC eligibility workers to complete an Extra Effort Referral form (Form H1093) for children of migrant workers who need additional education on THSteps.
¶ 183	Outreach units will give	Defendants are working to obtain additional and better information about children of migrant farm

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	priority status to extra outreach requests for children of migrant farm workers.	<p>workers to improve targeted outreach. In areas of the state with significant migrant populations, if regional MAXIMUS Outreach and Informing staff learn that a class member or a family member is a migrant farm worker, staff records the information in the outreach and informing database known as Kids Information Database System (KIDS). MAXIMUS provides Defendants with information on migrant status that is identified in their outreach efforts. Defendants share this information with Health Maintenance Organizations to provide relevant and appropriate outreach to their members.</p> <p>When MAXIMUS provides outreach to a class member or family member that is a migrant farm worker, MAXIMUS tailors the outreach messaging to the class member's needs and situation, including explaining expedited services and/or offering appointment scheduling assistance.</p> <p>For supporting documentation and information, see Sections 3 and 6 of the THSteps Monthly MAXIMUS Reports for the months of March, April, and May, 2011. EXHIBIT 4</p>

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¶ 190	Class members served by managed care organizations receive timely health care services.	<p><u>Health Maintenance Organization (HMO)</u> Section 8.2.2.3 of the Uniform Managed Care Contract (UMCC) on Texas Health Steps (THSteps), Health Maintenance Organizations (HMOs) must:</p> <ul style="list-style-type: none"> Have mechanisms in place to ensure all eligible members receive an appointment for a THSteps checkup.

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		<ul style="list-style-type: none"> • Offer new members under age 21 a medical checkup as soon as practicable, but in no case later than 14 days after enrollment for newborns and no later than 90 days after enrollment for all other eligible child Members. <p>Effective September 1, 2010, the Texas Health Steps annual medical checkup for an Existing Member age 36 months and older is considered timely if it occurs no later than 364 calendar days after the child's birthday.</p> <p>HHSC has incorporated financial incentives and disincentives into the HMO contracts. To evaluate an HMO's performance, HHSC identified various performance indicators and developed standards the HMO is required to meet. The "Performance Indicator Dashboard" contains indicators that measure a member's access to care and quality of care. The dashboard measures are posted on the HHSC website in the Uniform Managed Care Manual (UMCM) at http://www.hhsc.state.tx.us/medicaid/UMCM/Chp10/10_1_1.pdf.</p> <p>For additional information regarding timely access to HMO and Primary Care Case Management (PCCM) services, see the <i>Activities Report for Medicaid Managed Care Organizations</i>. EXHIBIT 6</p> <p><u>Study of Members in Managed Care Who Receive No Services</u> The CAO: <i>Managed Care</i> requires the parties to confer as to whether and what corrective action plans Defendants will implement. Defendants maintain corrective action is not warranted; however, they do intend to conduct further inquiry into the prevalence of no care among African Americans. Defendants provided additional analysis and proposed action to Plaintiffs on July 1, 2011. Given that neither Altarum's study, nor HHSC's additional analysis identified barriers unique to this group, it seems that issues affecting the no care rate may be broader societal issues that the Medicaid program may be unable to address.</p>

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		<p>HHSC’s proposed action is limited to the disproportionately high no care rates among African Americans. HHSC’s Center for the Elimination of Disproportionality and Disparities will begin a series of meetings with providers, community leaders, and class members. The purpose of these meetings is to begin conversations as part of a community-wide effort to encourage open, honest communications about disproportionality and disparities in health care among different racial and ethnic groups.</p> <p>The parties are conferring as to HHSC’ proposed action. Defendants will keep the Court advised.</p>
¶ 191	The number and percent of THSteps patients in each managed care organization who receive all medical and dental check ups when due and information for outcomes research as needed is accurately collected.	<p>Medicaid managed care programs (STAR, STAR+PLUS, STAR Health, and PCCM) are contractually required to provide annual reports of:</p> <ul style="list-style-type: none"> • The number and percent of new members who received a checkup within 90 days of enrollment; and • The number and percent of existing members who receive timely checkups. <p>On May 12, 2011, Managed Care Organizations (MCOs) submitted their Medicaid Managed Care Texas Health Steps (THSteps) Medical Checkups Annual Reports for state fiscal year 2010. HHSC completed the comparisons of the validation reports prepared by the Institute for Child Health Policy (ICHP) to the data submitted by the managed care organizations (MCOs) in order to determine the accuracy of the SFY 2010 reports. HHSC identified MCOs that did not pass validation within an 8% variance goal for at least one Service Area (SA) for either new or existing members.</p> <p>Additionally, HHSC attempted to reconcile each MCO’s quarterly report results with its annual report for new members. HHSC identified MCOs with reports that did not reconcile for at least one or more reporting columns.</p>

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		<p>MCOs that either did not pass validation and/or had reports that could not be reconciled were asked to revise and resubmit all affected reports within 30 days. The annual reports and a summary will be provided in the QMR following completion of validation and reconciliation.</p> <p>Reports for receipt of medical and dental services as described in the Corrective Action Order: Check Up Reports and Plans for Lagging Counties are provided in EXHIBIT 17, <i>A Report on Service Utilization of Texas Health Steps Dental Checkup</i> and EXHIBIT 21, <i>A Report on Service Utilization of Texas Health Steps Medical Checkup</i>.</p>
¶ 192	<p>Managed Care Organizations:</p> <ul style="list-style-type: none"> • Provide medical check ups to newly enrolled class members within 90 days of enrollment except when class members knowingly and voluntarily decline or refuse service. • Accelerate services to the children of migrant farm workers. • Provide medical check ups in a timely manner to all class members. 	<p>Medicaid Health Maintenance Organizations (HMOs) and Primary Care Case Management (PCCM) are required to provide timely medical checkups to their members. As required by <i>Corrective Action Order: Managed Care</i>, each must annually report the number and percent of new members who received a checkup within 90 days of enrollment and existing members who receive timely checkups.</p> <p>On May 12, 2011, Managed Care Organizations (MCOs) submitted their Medicaid Managed Care Texas Health Steps (THSteps) Medical Checkups Annual Reports for state fiscal year 2010. The reports will be provided in the QMR following completion of validation and reconciliation.</p> <p>See the <i>Activities Report for Medicaid Managed Care Organizations</i>, EXHIBIT 6, for information on how HMOs and PCCM work to ensure new members receive checkups within 90 days of enrollment and existing members receive timely checkups.</p> <p>See ¶¶ 176-181 and the <i>Activities Report for Medicaid Managed Care Organizations</i>, EXHIBIT 6, for information on children of migrant farm workers and for information on how the MCOs provide accelerated services to their members.</p>

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¶ 193	Managed care organizations cooperate with outreach units so that class members who miss medical and/or dental check ups receive prompt services.	See the <i>Activities Report for Medicaid Managed Care Organizations</i>, EXHIBIT 6, for information on processes established by Medicaid HMOs and PCCM to coordinate and collaborate with the Texas Health Steps Outreach and Informing (O&I) Unit.
¶ 194	Managed care organizations arrange appropriate training for all health care providers and their staff who serve class members. All will be trained about program requirements relevant to their responsibilities.	<p>Texas Medicaid & Healthcare Partnership (TMHP) provides training and recruits providers for PCCM. Details of these activities can be found in ¶¶ 88, 96, 104, 107, 109, and 110-111.</p> <p>Medicaid HMOs use various strategies to train health-care providers. Details about training events conducted by managed care organizations in state fiscal year 2010 were included in the October QMR in the <i>Annual Health Care Provider Training Report</i>, Exhibit 20, as required by the Corrective Action Order: Health Care Provider Training.</p>
¶ 195	Class members receiving services from managed care organizations are entitled to challenge decisions by fair hearing.	<p>Class members enrolled in Medicaid managed care are entitled to challenge decisions by fair hearings. Class members receive notification of this right in client handbooks provided by all managed care organizations and in letters when a requested service is reduced, modified, or denied. See the <i>Activities Report for Medicaid Managed Care Organizations</i>, EXHIBIT 6, for more information.</p> <p>Health Plan Management staff review contract requirements compliance. Health Plan Operations regularly provides updates and training on issues related to appeals and state fair hearings requirements. Fair hearings information is provided in the Uniform Managed Care Contract, at 8.2.7, Medicaid Member Complaint and Appeal System. <i>See</i> http://www.hhsc.state.tx.us/medicaid/UniformManagedCareContract.pdf.</p>

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¶ 196	HHSC will only contract with managed care organizations that are financially sound.	Medicaid managed care contracts require all contractors and their subcontractors to have the financial resources necessary to perform the services required under the contract. Each contract for a Medicaid Managed Care Organization (MCO) also includes the Texas Department of Insurance standards for solvency and financial soundness required for all MCOs (public and private) operating in the state of Texas.
¶ 197	Managed care organizations have an adequate supply of appropriate providers who can serve class members located conveniently.	<p>For information on provider directories which are provided to class members enrolled in managed care service-delivery models, see ¶¶ 92-93.</p> <p>For information on network adequacy requirements for Medicaid Health Maintenance Organizations (HMOs), see Uniform Managed Care Contract, section 8.1.4, Provider Network, on the HHSC website at http://medicaid/UniformManagedCareContract.pdf. HHSC Health Plan Management has monitoring programs in place to assure HMO compliance with provider network requirements. HHSC staff review provider network files provided by the HMOs.</p> <p>For information regarding adequate supply of providers in HMOs and PCCM, see the <i>Activities Report for Medicaid Managed Care Organizations. EXHIBIT 6</i></p> <p>Sanctions imposed on HMOs, including those related to the <i>Corrective Action Order: Managed Care</i>, are posted on the HHSC website at: http://www.hhsc.state.tx.us/medicaid/ContractorSanctions/. No additional sanctions have been imposed under provisions of the <i>Corrective Action Order: Managed Care</i> through the first quarter of state fiscal year 2011.</p> <p>The semi-annual <i>Provider Access Report</i> required by the <i>Corrective Action Order: Adequate Supply of Health Care Providers</i> is provided as EXHIBIT 22. This report reflects more than 99 percent of class members enrolled in STAR, STAR+PLUS and STAR Health and 98.8 percent of</p>

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		<p>class members enrolled in PCCM have access to two primary care providers with an open panel within 30 miles of the class member residences. Class members enrolled in STAR, STAR+PLUS and STAR Health have a similarly high percent of access to select specialty care providers within 75 miles of their residence. The report indicates UniCare Health Plan in Dallas has no psychiatrists available to class members. In the Dallas service area, psychiatric services are provided through NorthSTAR. To prevent confusion for their members, UniCare removed the three psychiatrists they have under contract from their provider lists; as a result the psychiatrists were no longer included in data for this Provider Access Report. UniCare has since added these psychiatrists, who remain under contract, to their provider file, but will suppress them on their provider directories. Members in the Dallas Service Area who need mental health services are referred to NorthSTAR.</p>
¶ 198	Assure a system that allows class members to enroll promptly with a new managed care organization when class members move from one area to another in Texas.	<p>When a person receiving Texas Medicaid moves from one service area to another in the state, the managed care segment of the current existing area is closed. Once closed, the record is sent to the enrollment broker as a managed care candidate in the new service area.</p> <p>If the class member is in a Health Maintenance Organization (HMO) area, the enrollment broker sends a welcome packet to the member to enroll in a health plan in the new service area. The standard enrollment process is followed. If a choice is not made within the defined 45-day timeline, assignment will default to a plan and a primary care provider (PCP).</p> <p>The process differs for PCCM clients, since clients neither “enroll” in PCCM nor select a health plan. When a client moves from a STAR or STAR+PLUS managed care area into a PCCM area, the client is automatically placed in PCCM. Clients new to PCCM receive a welcome packet and provider directory with information on how to choose a PCP and a PCP selection form. New PCCM clients have 75 days to</p>

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		choose a primary care provider before one is automatically assigned (except for newborns, whose parents have 105 days to choose a PCP before one is automatically assigned).
¶ 199	Managed care organizations are subject to independent evaluation of their patients' health outcomes, satisfaction and process measures, including the number and percent of class members who receive all medical and dental check ups when due.	The External Quality Review Organization (EQRO) produces annual Quality of Care (Healthcare Effectiveness Data and Information Set [HEDIS] health outcomes) performance measures for Medicaid managed care (including STAR, STAR+PLUS, PCCM, and STAR Health). In addition to the HEDIS measures, the EQRO conducts biennial Consumer Assessment of Healthcare and Provider Systems (CAHPS) surveys for Medicaid (STAR, STAR+PLUS, PCCM, and STAR Health) and produces a report for HHSC based on the results of those surveys. The CAHPS surveys Medicaid members in managed care programs to identify such things as their access to care, benefits usage, satisfaction with care, and unmet needs. The STAR/PCCM CAHPS survey reports are conducted biennially. The STAR+PLUS CAHPS survey report is conducted annually. The revised EQRO Table of Deliverables was provided as an Exhibit 26 to the July 2009 QMR.
CAO: Managed Care	System of rewards and sanctions for corrective action order requirements.	<p>As required by the Corrective Action Order: Managed Care, HHSC developed a plan for a system of incentives and disincentives concerning managed care and children of migrant farm workers and the Health Maintenance Organizations (HMOs') annual checkup reports.</p> <p>The incentives and disincentives methodology through SFY 2011 is provided in the Uniform Managed Care Manual (UMCM), Chapter 12.18 Frew Incentives and Disincentive Methodology located at http://www.hhsc.state.tx.us/medicaid/UMCM/Ch12/12-18.pdf.</p> <p>In June, HHSC's Executive Commissioner approved proposed changes to previous thresholds for SFY 2011 incentives and disincentives. The revised thresholds for SFY 2011 incentives are:</p> <ul style="list-style-type: none"> If 55 percent or more of an MCO's new members receive a timely THSteps medical checkup, the MCO will receive an incentive amount based on the percentage of new members who receive a timely checkup.

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		<ul style="list-style-type: none"> • If 60 percent or more of an MCO's existing members receive a timely THSteps medical checkup, the MCO will receive an incentive amount based on the percentage of existing members who receive a timely checkup. • If 75 percent or more of an MCO's new/existing members receive a timely THSteps medical checkup, the MCO will receive 100 percent of the funds available to that MCO for new/existing members based on its covered population. <p>The revised thresholds for SFY 2011 disincentives are:</p> <ul style="list-style-type: none"> • If 35 to 45 percent of an MCO's new/existing members receive a timely THSteps medical checkup, HHSC will impose a disincentive amount of \$10 for each member who does not receive a timely checkup. • If less than 35 percent of an MCO's new/existing members receive a timely THSteps medical checkup, HHSC will impose a disincentive amount of \$20 for each member who does not receive a timely checkup. <p>The UCM Chapter 12.18 Frew Incentives and Disincentive Methodology was changed to reflect the revised thresholds and has been sent through the UCM process to be posted for STAR, STAR+PLUS, and STAR Health. The SFY 2011 incentives and disincentives for PCCM will continue to be determined based on the thresholds provided in their contract.</p> <p><u>Managed Care Annual Checkup Reports</u> In June, HHSC leadership approved payment of incentives for SFY 2009 timely medical checkup reports to those MCOs that were determined eligible and had met HHSC accuracy standards for their reports to receive incentive payments. As required by the CAO: Managed Care, associated incentives will be posted to HHSC's managed care website.</p>

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SPECIAL GROUPS -- TEENS		
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¶205	Use innovative means to provide THSteps services to teenagers.	<p><u>Texas Health Steps Outreach Unit</u> MAXIMUS provides proactive outreach to teen class members on an ongoing basis by providing Texas Health Steps (THSteps) information and literature to:</p> <ul style="list-style-type: none"> ● High school staff. ● Teen pregnancy centers and Planned Parenthood staff. ● Pregnant and parenting teen classes. ● Teen programs such as teen centers. ● Locations where teenagers gather. <p>For more information on specific activities performed to provide THSteps information to teen class members, refer to Section 5 of the <i>THSteps Monthly MAXIMUS Reports</i> for the months of March, April, and May, 2011. EXHIBIT 4</p> <p>Teen checkup and appointment education brochures and a teen website are additional resources available to certain agency offices, including MAXIMUS regional offices, DSHS Health Service Region offices, the Department of Family and Protective Services offices, the HHSC Medical Transportation Program offices, and the HHSC Office of Eligibility Services offices, in order to enhance outreach and informing activities targeting teen class members ages 13 through 20. The teen brochures can be viewed and are available or ordering at https://secure.THStepsproducts.com/. The teen website can be viewed at http://www.dshs.state.tx.us/thsteps/teens.shtm.</p> <p><u>Managed Care Organizations (MCOs)</u> The majority of Managed Care Organizations (MCOs) use their standard methods of outreach for all members, including teenagers. For examples of the MCO outreach methods conducted during this</p>

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		reporting quarter, see Consent Decree paragraph 64. See the <i>Activities Report for Medicaid Managed Care Organizations (EXHIBIT 6)</i> for information on specific outreach to the pregnant teen population and special programs developed for teens.
¶¶ 207-208	Efforts to inform teens and their parents about THSteps will address the complex privacy and consent issues involved.	<p>Managed Care Organizations (MCOs) address teen privacy and consent issues through the various forms of communication MCOs have with their members. The majority of MCOs include privacy and consent language in their member handbooks, new member packets, and on their websites. When speaking with teens and/or their parents via phone or home visits, the MCOs ensure that confidential information is discussed only with approved representatives for the member. See the <i>Activities Report for Medicaid Managed Care Organizations, EXHIBIT 6, for additional information.</i></p> <p>The Texas Health Steps (THSteps) Online Provider Education (OPE) introduced a new module to its line-up in April 2011, entitled “Teen Consent and Confidentiality.” This new module is designed to education THSteps providers and others about the role that consent and confidentiality play in teens’ access to health care and how to comply with legal protections on consent and confidentiality in the delivery of health care to teen patients. Providers completing the module will be better prepared to deal with the complexity of privacy and consent issues when treating teens.</p>

SPECIAL GROUPS – MEMBERS UNDER SUPERVISION of the DEPARTMENT OF FAMILY and PROTECTIVE SERVICES		
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¶¶ 210-212	<ul style="list-style-type: none"> • Provide training about THSteps to parents or adult caretakers before class members are reunited with their families. • Report the number and percent of class members under the supervision of DFPS who receive all of their medical and dental check ups when due. • Assure that all class members under supervision of DFPS receive all medical/dental check ups when due. • Establish procedures to refer class members to appropriate case management managers when needed upon class members' release from DFPS supervision. 	<ul style="list-style-type: none"> • <u>Training to Parents or Caretakers Before Reunification</u> MAXIMUS provides outreach services to those transitioning from foster care in two ways. First, MAXIMUS engages in proactive outbound outreach to those transitioning from foster care that will remain eligible for Medicaid. MAXIMUS generates a monthly list of recipients from MAXSTAR who are no longer enrolled in STAR Health and continue to be Medicaid-eligible. Successfully contacted recipients are educated about Texas Health Steps (THSteps) services with a focus on enhanced Case Management for Children and Pregnant Women (CPW) informing. When the recipient is unavailable by phone, MAXIMUS mails the recipient a CPW brochure and letter requesting they contact the Special Services Unit (SSU) for more information on CPW services. If the SSU is unable to contact recipients, the recipient lists are sent to regional MAXIMUS Outreach and Informing field staff that attempt additional phone calls and/or home visit outreach. Second, MAXIMUS provides education about THSteps services to multiple individuals and groups serving this population. This educational messaging includes information that is relevant to those transitioning out of foster care and/or reunifying with families. The individuals and/or groups that are targeted in this effort include Department of Family and Protective Services (DFPS) staff, foster parents, foster parent groups and associations, and child placement agencies. See ¶ 65 for additional information regarding DSHS coordination with DFPS and informing about THSteps provided to foster parents. • <u>Reports for children in foster care who receive checkups</u> Reports for receipt of medical and dental services including services to children enrolled in foster care are provided in <i>A Report on Service Utilization of Texas Health Steps Dental Check up</i>, EXHIBIT 17 and <i>A Report on Service Utilization of Texas Health Steps Medical Check up</i>, EXHIBIT 21.

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		<ul style="list-style-type: none"> • <u>Assure children in conservatorship receive checkups</u> See the <i>Activities Report for Medicaid Managed Care Organizations, EXHIBIT 6</i>, for specific information for the Consent Decree paragraphs reported by Superior HealthPlan Network on STAR Health. See also ¶ 192 for information. • <u>Referrals for case management when leaving conservatorship</u> DSHS Health Service Region provider relations staff, DFPS, and HHSC participate in quarterly interagency meetings to discuss and improve coordination of care and referrals for children in foster care. Coordination efforts between DFPS and DSHS case management continue with regular meetings occurring in the Health Service Regions to discuss class member situations, needs, and referrals. The Office of Community Access (OCA) facilitated and led 11 Foster Care Regional Enhanced Coordination Team meetings in March 2011. Team members include: DFPS, DSHS, HHSC and MAXIMUS. Team members discussed methods to improve coordination of care and referrals for children in foster care. Referrals include those to Case Management for Children and Pregnant Women, Children with Special Health Care Needs, and Personal Care Services, Team members collaborate collectively as a team or with team partners to provide case management program information and Texas Health Steps information to class members, including foster families, at regional events. Team members also discuss, plan and collaborate to provide opportunities for class members, foster parents, and community stakeholders and interagency staff to attend educational presentations, events and forums.

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¶ 214	Assistance with medical transportation must be provided when class members need it.	<p>The Medical Transportation Program (MTP) intake staff continues to assist class members via toll free telephone numbers, Monday through Friday 8:00 am to 5:00 pm, by scheduling various forms of transportation assistance to meet the needs of each member.</p> <ul style="list-style-type: none"> • Staff assists individuals who wish to register as Individual Transportation Providers (ITP) and receive reimbursement for mileage when they take class members to and from their Medicaid appointment(s). Staff members explain the registration process, which forms of documentation are needed (e.g., driver's license, proof of insurance), and how to file a claim for reimbursement. The MTP reimbursement rate is consistent with state requirements and is 50 cents/mile as of October 2010. • Staff provides bus tickets for class members who are able to used fixed route transportation to get to their medical appointments. Bus tickets are mailed directly to the client. <p>Class members unable to use fixed route transportation are assisted through the scheduling of demand response rides. Demand response transportation is provided by regional transportation contractors who provide door-to-door service.</p> <ul style="list-style-type: none"> • In cases where class members need to travel long distances for treatment by a provider, air transportation and ancillary services, such as meals and lodging are scheduled. <p>MTP continues to provide newly hired staff a minimum of 40 hours of classroom training on policy, procedures, and processes for provision of intake services. At completion of classroom instruction, the staff receives at least four days of one-on-one training with a team lead or experienced agent while taking calls. This enhanced training process provides continued instruction and skill practice for staff to take and</p>

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		<p>process urgent and routine calls.</p> <p>Once staff have completed classroom training and one-on-one mentoring, they are placed on a designated team of new staff where they receive additional supervisory and team lead support to mentor them as they improve their skills in applying policy, authorizing trips and becoming more efficient in addressing the needs of clients. Newly hired staff are then moved to a regular team in the call center when they have acclimated to the call center environment and prove able to provide services with less direct one-on-one support.</p> <p>General Appropriations Act, Rider 55, 81st Legislature, Regular Session, 2009 directs the Health and Human Services Commission (HHSC) to use a portion of funds appropriated for Medical Transportation to implement a regionalized full-risk brokerage model in areas of the state that HHSC finds can sustain a regionalized model. This model utilizes a prepayment [capitation] methodology to reimburse the broker or brokers for Medicaid nonemergency transportation.</p> <p>HHSC received vendor proposals on December 6, 2010. HHSC staff with particular program matter knowledge and expertise conducted a thorough evaluation of the proposals using an evaluation tool developed to identify the vendor(s) offering the best value to HHSC. HHSC posted a tentative award to LogistiCare Solutions, LLC and Medical Transportation Management, Inc. on June 3, 2011, after completion of initial scoring and discussion. These awards are contingent upon the successful negotiation and execution of a contract(s). In the event negotiations are unsuccessful, HHSC may initiate negotiations with the next successful vendor or vendors.</p>
¶¶ 223-227	Conduct valid annual assessments of the effectiveness of the	The <i>Evaluation of the Texas Medical Transportation: Final Report</i> was delivered to HHSC by the Public Policy Research Institute of Texas A&M University (TAMU) on January 8, 2010. The report was filed with the Court and produced to Plaintiffs' counsel on January 15, 2010.

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	<p>transportation program. The method for evaluation must be approved by Plaintiffs and must include an evaluation of:</p> <ul style="list-style-type: none"> • Unmet need for transportation assistance. • Class member and provider satisfaction. • The reasons for class member and provider dissatisfaction. • Whether transportation times are reasonable. • Whether class members missed or did not schedule THSteps services because of transportation problems. 	<p>The Corrective Action Order (CAO): Transportation Program, requires HHSC to commission a second study no later than 18 months from the end of the first study. HHSC posted the Request For Proposal (“RFP”) for the second study on May 13, 2011. Since posting its RFP, HHSC received only one proposal. Consequently, HHSC extended the procurement’s response deadline for an additional two weeks, but no additional proposals were received.</p> <p>The one proposal submitted was non-responsive for failure to comply with provisions of the Texas Government Code and HHSC policy and rules regarding Historically Underutilized Businesses (HUBs). See TEX. GOVT. CODE §2161.181 (requiring state agencies to make good faith effort to increase contract awards to HUBs); §2161.152 (proposals must provide a HUB subcontracting plan to be considered responsive to a state agency’s request); see also, 1 T.A.C. §392.100; 34 T.A.C. § 20.11 et seq. The proposal was therefore rejected without being evaluated by HHSC’s Medical Transportation Program (MTP) and Plaintiffs’ counsel.</p> <p>The announcements for this procurement are available at: http://www.hhsc.state.tx.us/contract/529110014/announcements.shtml.</p> <p>HHSC will pursue other options, as allowed by the Texas Government Code, to contract for a second study of the MTP in accordance with the CAO. HHSC will base its choice on a vendor’s demonstrated competence, knowledge, and qualifications and on the reasonableness of the proposed fee. See TEX. GOVT. CODE §2254.027. Defendants will keep the Court and Plaintiffs’ counsel advised.</p> <p>While this delay will prevent HHSC from beginning the second study in accordance with the Corrective Action Order’s timeline, HHSC is taking the necessary steps to ensure a competitive</p>

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		procurement for this independent study.
¶¶ 228-229	Corrective action plans will be developed and implemented for areas of the assessment that indicate transportation services are inadequate. Method for corrective action will be determined with Plaintiffs.	<p>Defendants provide the following report on the progress for implementation of corrective action associated with the initial results of the <i>Evaluation of the Texas Medical Transportation</i>.</p> <p><u>Outreach and Informing Marketing Plan:</u> COMPLETED The marketing plan was developed and has been fully implemented. Use of outreach materials and tutorials developed as part of this plan continue.</p> <p>On April 5, 2011, Sherry Matthews Advocacy Marketing informed HHSC that the Medical Transportation Short Tutorial won a 2011 Blue Pencil and Gold Screen Award by the National Association of Governmental Communicators. The Blue Pencil and Gold Screen is an annual international awards program that recognizes superior government communications products and those who produce them. The MTP Short Tutorial won an award in the Webinar category. This tutorial, part of the MTP corrective action outreach and informing marketing plan, was developed to effectively explain MTP services to health care providers.</p> <p><u>Individual Transportation Provider (ITP) and Advanced Funds Client Education:</u> COMPLETED Education has been put in place and continues.</p> <p><u>Increase MTP Staff and Invest in Telecommunication Upgrades:</u> More than 170 full time positions were added to the MTP call center in 2008. MTP received the Department of Information Resources' (DIR) final approval on October 26, 2009, to implement the telecommunication enhancements as a <i>Frew Strategic Medical and Dental Initiative</i>. Please refer to EXHIBIT 2, pg. 4 for more information about the telecommunication enhancements.</p>

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		<p><u>Business Process Review:</u></p> <ul style="list-style-type: none"> • TEJAS re-write: HHSC continues to progress toward completion of the TEJAS re-write. Testing of the new version is currently underway, with anticipated completion September 2011. • Standardize Training Materials: Since hiring two trainers in November 2010 to standardize training materials, HHSC has ended the reliance on emails to inform staff of process clarifications. Communication regarding policies and procedures is now conducted through a process clarification chart on MTP's network. Trainers are currently finalizing the training materials and manual through a pilot training process. Staff is researching options to automate the training materials.
¶ 230	Train transportation staff to respond appropriately to urgent requests or rescheduling requests by July 1995.	Completed.
¶ 232	Beginning September 1, 1995, the mileage reimbursement rate will be the same as that for state employees.	Completed.
¶ 234	Take steps to determine the mileage reimbursement process by September 1, 1995.	Completed.

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¶ 235	By October 31, 1995, the parties will attempt to agree on a method to implement improvements to the administration of the mileage reimbursement program.	Completed.
¶ 236	Inform health care providers about the mileage reimbursement option so that they can refer patients when appropriate	<p>Medicaid Managed Care Health Maintenance Organizations (HMOs) provide information to both their members and providers related to the medical transportation services available through Medicaid to ensure access to care for class members. Some of the HMOs also provide additional transportation services through bus tokens and taxis as a value-added service to assist when the Medical Transportation Program (MTP) is not accessible or available. In addition, the Uniform Managed Care Manual (UMCM) Chapter 3.3 (Provider Manual Critical Elements) requires HMOs to include an explanation of the coordination with MTP for services to class members who need it. See the <i>Activities Report for Medicaid Managed Care Organizations, EXHIBIT 6, for additional information on medical transportation information provided by HMOs and PCCM.</i></p> <p><u>Medicaid Claims Administrator</u> The Texas Medicaid & Healthcare Partnership (TMHP) provides education about the Medical Transportation Program (MTP) in workshops presented to the provider community. There were no workshops conducted during this reporting period regarding MTP. For additional information regarding recruitment and retention activities, including workshops and seminars performed by TMHP, see <i>TMHP Monthly Provider Relations Report. EXHIBIT 11.</i></p>

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		<p>Health-care providers are also informed and updated on MTP services, including the mileage reimbursement option, through provider bulletins and the <i>Texas Medicaid Provider Procedures Manual</i> (TMPPM).</p> <p><u>Texas Health Steps Program</u> DSHS Health Service Region provider relations staff provides information to Medicaid providers on transportation services available through the Medical Transportation Program, including the mileage reimbursement option, during both their one-on-one provider interactions as well as during Expert Forums. For additional information to further support DSHS Health Service Region provider relations outreach and informing activities during this reporting period, Defendants are providing the <i>DSHS THSteps Provider Relations Activities Report</i>. EXHIBIT 3.</p>
¶ 238	Establish new transportation regulations that cover reasonable transportation to establish or maintain an ongoing relationship with a health care provider by September 30, 1995.	Completed.

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¶ 240	Defendants must help class members schedule appointments.	<p><u>Managed Care Organizations</u> See the <i>Activities Report for Medicaid Managed Care Organizations</i>, EXHIBIT 6, for information on processes Medicaid HMOs and PCCM use to assist class members with scheduling appointments and/or arranging transportation to those appointments.</p> <p><u>Texas Health Steps Outreach Unit</u> During oral outreach contacts, MAXIMUS offers class members assistance with scheduling appointments with providers and/or with scheduling transportation. In addition, Texas Health Steps (THSteps) letters (such as due, reminder, and Extra Effort Referral letters) encourage class members to call the THSteps toll free help line if they want help scheduling appointments or with transportation.</p> <p>During this reporting period, MAXIMUS assisted class members with the scheduling of 1,963 medical appointments and 2,992 dental appointments. For additional information to further support outreach and informing activities, Defendants are providing the <i>THSteps Monthly MAXIMUS Reports</i> for the months of March, April, and May, 2011. EXHIBIT 4.</p> <p><u>Medical Transportation Program</u> Typically the Medical Transportation Program (MTP) intake staff receives calls to schedule transportation services after the class member has already scheduled a health-care appointment. However, when the caller needs assistance in locating and scheduling an appointment with a health-care provider that provides Texas Health Steps (THSteps) services, MTP policy is to initiate a transfer between the class member, MTP, and MAXIMUS Outreach and Informing (O&I) staff.</p>
¶ 242	By September 1, 1995, reevaluate the use and operation of the toll free	Completed.

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	numbers to improve scheduling assistance for class members.	
¶ 243	The toll free numbers to request transportation and scheduling assistance will either be combined or linked.	<p><u>Texas Health Steps Outreach Unit and Enrollment Broker</u> When a class member calls the Texas Health Steps (THSteps) toll free number, the class member can receive assistance with scheduling a medical and/or dental appointment. MAXIMUS will initiate a three-way call with the provider and remain on the line until the appointment is made if requested by the class member. If MAXIMUS staff is unable to get through to the provider or reaches a recorded message, MAXIMUS staff will provide the caller the office information and invite the caller to contact THSteps at a later date for scheduling assistance. The caller may also contact the provider directly, depending on his/her preference.</p> <p>When a class member calls the THSteps or Enrollment Broker (EB) toll free numbers and requests transportation assistance, MAXIMUS will initiate a transfer to the Medical Transportation Program (MTP) toll free line. Class members may also request the MTP toll free number and choose to make the call themselves. The EB toll free number is not a toll free number meant to request transportation or scheduling assistance and, therefore, is not required to be either combined or linked. Misdirected calls to EB are referred to the THSteps or MTP line, as appropriate, for assistance with scheduling of medical and/or dental appointments, or transportation appointments, respectively.</p> <p><u>Medical Transportation</u> When a class member calls the MTP toll free number, the class member can receive assistance with scheduling transportation. If the client needs assistance with scheduling a healthcare appointment, it is MTP policy to initiate a transfer between the class member, MTP, and MAXIMUS Outreach and Informing staff. At no time does the class member need to hang up and/or dial another telephone number.</p>

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		Class members may, and often do, choose to call the MTP toll free help line directly.
¶ 244	<p>Revised by 2007 <i>Corrective Action Order: Adequate Supply of Health Care Providers</i>. Class members requesting assistance locating a provider will be given the name, location and telephone number of two providers of the appropriate specialty in a convenient location and accepting new patients. Class members will also be notified of freedom to choose a managed care plan and PCP of their choice at enrollment.</p>	<p><u>Choice of Two Providers</u></p> <ul style="list-style-type: none"> • HHSC has implemented the practice of providing a choice of at least two providers (doctor, dentist, case manager, or other provider of health-care service) upon client request. • This practice is employed in the fee-for-service context and is required in all contracts with managed care organizations. • HHSC's Medicaid claims administrator, TMHP, is required to implement this practice as HHSC policy. The call center agents have been trained to find providers who are conveniently located near the client and to offer the providers' names, addresses, and telephone numbers. • MAXIMUS, Defendants' outreach and informing vendor, also provides class members with the names and contact information of as many providers of the requested specialty or sub-specialty that meet the class member's needs based on locations, ages, and other relevant criteria. <p>Additionally, if the class member needs or requests information on Case Management for Children and Pregnant Women (CPW) services, MAXIMUS staff will inform them of the following options:</p> <ul style="list-style-type: none"> • Staff can assist them in scheduling an appointment with a CPW provider. • Staff can mail them a list of CPW providers or provide them with the DSHS website listing the CPW providers at http://www.dshs.state.tx.us/caseman/providerRegion.shtm. • Staff can provide them with names of CPW providers in their area. • The class member can call back later for additional assistance. • If the class member chooses the first or third option, MAXIMUS staff gives them a list of providers by county/area and client population served, and the class member's county/area of residence. <p><u>Freedom to Choose Managed Care Plan and/or Primary Care Provider (PCP)</u></p> <ul style="list-style-type: none"> • When a member contacts the Enrollment Broker (EB), the member is asked to select a Health

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		<p>Maintenance Organization (HMO) and a primary care provider (PCP). If the member only selects a HMO, the EB will default a member with a PCP. Once enrolled in a Health Maintenance Organization (HMO), a member has the freedom of choice to change his/her PCP with the HMO.</p> <ul style="list-style-type: none"> • Each HMO's member handbook is required to inform a member about how to change a PCP through the plan. • Member services representatives are available through each HMO's member hotline to assist with the selection of a new PCP. • Members can also access an HMO's website to search for a provider in their HMO's provider network. • In addition, upon a member's request, the HMO must send the member his/her most recent provider directory, including any updates. <p><u>Primary Care Case Management (PCCM)</u></p> <ul style="list-style-type: none"> • All new PCCM clients receive a welcome packet containing a letter, handbook, and directory of PCPs who are located in the client's area. <ul style="list-style-type: none"> •• The letter includes instructions for clients to select their PCP by calling the PCCM client helpline or mailing in the provider PCP selection form. •• The handbooks include information about the freedom to choose as well as the way to change their PCP. The handbook is posted at www.tmhp.com on the PCCM client webpage. • When a PCCM client calls the Texas Medicaid & Healthcare Partnership (TMHP) Contact Center, class members are provided with a choice of at least two health-care providers within appropriate distance standards, when available. • Agents answering the client toll free lines are trained to provide at least two, and offer a third choice when the client requests one.

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		See the <i>Activities Report for Medicaid Managed Care Organizations</i> , EXHIBIT 6 , for information on processes, Medicaid HMOs and PCCM use to ensure that when class members request assistance for a provider, choice is offered.
¶ 245	Staff will determine if class members need help with scheduling appointments and/or transportation and will provide needed assistance.	<p><u>Texas Health Steps Outreach Unit</u> MAXIMUS, through oral and written outreach efforts, encourages class members to seek assistance with scheduling medical and dental appointments, and/or transportation to those appointments. Members can always receive assistance with scheduling an appointment or with transportation by calling the Texas Health Steps toll free help line. If, at any point this assistance is requested by a class member, it is provided by MAXIMUS without exception.</p> <p><u>Health Maintenance Organizations (HMOs)</u> Health Maintenance Organizations (HMOs) member advocates provide assistance to members who need help with appointment scheduling and coordinating provider care, as well as making transportation arrangements. Also see ¶ 240.</p> <p><u>Primary Care Case Management (PCCM)</u> Primary Care Case Management (PCCM) provides assistance to clients who need help scheduling appointments through Community Health Services (CHS). In addition, CHS staff educates PCCM clients about the availability of transportation and also refer class members requesting scheduling for transportation assistance to the Medical Transportation Program (MTP) toll free line. CHS staff also frequently facilitates the scheduling of transportation via a three-way call between the class member, CHS, and MTP staff. Also see ¶ 240 & ¶ 243.</p>
¶ 246	Regional staff will notify central office provider relations staff about	DSHS policy requires DSHS Health Service Region provider relations staff to notify the central office if they have concerns about adequate provider supplies. Defendants work with Texas Medicaid & Healthcare Partnership (TMHP) in targeting recruitment and retention efforts in those areas as

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	inadequate supplies of providers. Central office staff will make extra efforts to recruit providers in shortage areas.	<p>appropriate.</p> <p>Defendants' claims administrator, TMHP evaluates provider levels for all 254 Texas counties. TMHP works with the state staff to target any potential access to care concerns. Areas of need are brought to the attention of TMHP by staff of DSHS and HHSC. For additional information on recruitment, including targeted recruitment efforts requested by state staff, see the <i>TMHP Monthly Provider Relations Report</i>. EXHIBIT 11</p> <p>DSHS regional staff did not report any gaps in Health Maintenance Organization (HMO) provider networks to the Medicaid HMOs or HHSC Medicaid managed care staff during this reporting period.</p>
¶ 247	<p>Revised by 2007 <i>Corrective Action Order: Toll Free Numbers</i>. The enrollment broker toll free line, THSteps toll free number, Medicaid Hotline and Medical Transportation Lines will comply with the following toll free standards for English and Spanish calls required by the corrective action plan:</p> <ul style="list-style-type: none"> Equipment failure only results from circumstances beyond control. 	<p>The toll free numbers (TFNs) for the Enrollment Broker, THSteps, Statewide Medicaid Helpline, and MTP are required by Defendants to meet the call center standards described in the Corrective Action Order: Toll Free Numbers. During this reporting period, three of the four lines (Enrollment Broker, THSteps, and Statewide Medicaid Helpline) complied with all standards. MTP was able to comply with all but one of the standards, discussed more fully below. The <i>Toll Free Number Compliance Report</i> for March 2011, April 2011, and May 2011 is attached as EXHIBIT 23.</p> <p>MTP has consistently complied with three of the four performance standards. It has been out of compliance, however, with the standard requiring that no more than 2% of class may be “answered” by busy signals, disconnections or other technical problems. The parties refer to this as the “blockage” standard. The CAO: Toll Free Numbers requires production of daily reports by toll free numbers in violation of the performance standard(s) for three consecutive months. HHSC has provided daily reports on the MTP line’s compliance with the performance standards for March, April and May 2011 in EXHIBIT 24.</p>

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	<ul style="list-style-type: none"> Each call answered in maximum average of 300 seconds. Average monthly wait after IVR message will not exceed 60 seconds. Maximum abandonment rate will not exceed 10%. No more than 2% of calls will be “answered” with busy signals. No calls will be “answered” by clearing the queue. 	<p>MTP implemented Workforce Optimization call center technology to assist with optimization of staffing resources in order to comply with the blockage standard. Staff coordinate breaks and lunch hours, and occasionally eliminate breaks on anticipated high-volume days. As the daily reports and the numbers set out below indicate, MTP’s efforts have significantly improved its performance on blockage.</p> <ul style="list-style-type: none"> September 2010 blockage 15.2% October 2010 blockage 28.1% November 2010 blockage 39.0% December 2010 blockage 14.4% January 2011 blockage 21.8% February 2011 blockage 21.7% March 2011 blockage 3.1% April 2011 blockage 3.7% May 2011 blockage 2.8% <p>During this reporting period, MTP was unable to meet the blockage standard solely on days of significantly increased call volume, experienced exclusively on Mondays and days surrounding holidays. MTP failed to meet this standard on only 5 of 65 days. MTP had 0% blockage on each of the other 60 days.</p> <p>Under the CAO’s current definition of the blockage standard, one day of noncompliance in a month can result in a violation of the performance standard for that month. For example, in March and April, there were only two days of noncompliance in each month. Only one of those days exceeded blockage to a degree that caused the violation that month.</p>

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CASE MANAGEMENT																						
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¶ 248	THSteps programs must provide case management to each class member if medically necessary.	<p>The Case Management for Children and Pregnant Women (CPW) Program is available for class members who have a qualifying medical need for case management services, as well as a desire to receive them. The program is available to children with certain health risks and/or conditions and women with high-risk pregnancies.</p> <p>As of May 31, 2011, there are 248 approved CPW case managers as indicated below:</p> <table><tr><th>DSHS Region</th><th>Open/Enrolled Case Managers*</th></tr><tr><td>Region 1</td><td>7</td></tr><tr><td>Region 2/3</td><td>76</td></tr><tr><td>Region 4/5N</td><td>21</td></tr><tr><td>Region 6/5S</td><td>46</td></tr><tr><td>Region 7</td><td>20</td></tr><tr><td>Region 8</td><td>42</td></tr><tr><td>Region 9/10</td><td>6</td></tr><tr><td>Region 11</td><td>30</td></tr><tr><td>Total</td><td>248</td></tr></table> <p>*Case managers, approved by DSHS or working for providers approved by DSHS, who are currently providing CPW services or willing to take referrals from DSHS and have an active Medicaid CPW provider number or are in the process of obtaining a Medicaid number. DSHS has updated its CPW database to reflect the most current CPW provider count.</p> <p>In addition, there are 166.5 DSHS full-time positions designated to provide case management services, including CPW services. An additional 42 DSHS staff support the CPW program by providing training,</p>	DSHS Region	Open/Enrolled Case Managers*	Region 1	7	Region 2/3	76	Region 4/5N	21	Region 6/5S	46	Region 7	20	Region 8	42	Region 9/10	6	Region 11	30	Total	248
DSHS Region	Open/Enrolled Case Managers*																					
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		<p>technical assistance, and are also available to provide CPW case management services, if needed.</p> <p>Between March 1, 2011, and May 31, 2011, DSHS received 1,306 requests for prior authorization of CPW services from Medicaid enrolled CPW providers. Of these requests, 1,204 (92 percent) demonstrated medical necessity and were approved. DSHS regional staff report providing CPW services to 4,762 unduplicated class members during this reporting period.</p> <p>Additional information on the number of children receiving targeted case management and CPW in the second quarter of SFY 2011 can be found in <i>A Report on Targeted Case Management and Case Management for Children and Pregnant Women Services 2Q of SFY 2011</i>. EXHIBIT 25</p> <p>See the <i>Activities Report for Medicaid Managed Care Organizations</i>, EXHIBIT 6, for examples of how Medicaid HMOs and PCCM also provide case management and care coordination to their members, as well as how they coordinate with the CPW Program.</p>
¶¶ 264-269	<p>By January 31, 1996, complete a case management plan for the THSteps program. The plan will address:</p> <ul style="list-style-type: none"> • Methods to encourage acceptance of case management. • Relationship between case management and managed care organizations. 	<p>Completed.</p> <p>As required by the Consent Decree, a plan for case management was completed in 1996. Implementation of the plan began in 1996 with full statewide operations beginning in 1997. Sufficient case management is available in every county in Texas through either Case Management for Children and Pregnant Women (CPW) providers or DSHS regional case managers who ensure all class members requesting case management in counties without a CPW provider receive services. CPW case managers are those external case managers who are approved by DSHS or working for a provider approved by DSHS and enrolled as a Medicaid provider. The plan addresses the proper role of case managers through required case manager training. CPW providers receive education to ensure appropriate case management services are delivered to class members. A total of 19 CPW case managers received case management</p>

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	<ul style="list-style-type: none"> • Role of case managers. • Access for children of migrant farm workers. • Coordination of services by various agencies that serve THSteps population. 	<p>training during this reporting period.</p> <p>CPW rule and policy includes provisions for informing class members and health-care providers about services, addresses coordination between CPW and Medicaid managed care and other agencies, describes the roles of case managers, and includes specific processes for children of migrant farm workers.</p> <p>Between March 1, 2011, and May 31, 2011, DSHS conducted the following activities to recruit and retain CPW providers to serve CPW clients:</p> <ul style="list-style-type: none"> • DSHS regional case management staff conducted pre-planning sessions with 26 potential CPW provider applicants. • DSHS case management staff conducted the following community activities to recruit CPW providers: <ul style="list-style-type: none"> • Participated in 27 health/community fairs. • Participated in 53 case management/community coalitions. • Met with 103 health-care providers and presented CPW information. • Met with 23 primary and secondary education schools and discussed CPW. • Met with 36 other local agencies such as local mental health centers. <p>DSHS encourages the acceptance of case management services by class members and referrals to services through health-care providers by:</p> <ul style="list-style-type: none"> • Participating in an active partnership with MAXIMUS, including development of and updates to a case management informing script and case management training, to assure all potentially eligible class members who would like case management are referred for CPW services. • Maintaining current CPW outreach materials for use by CPW providers, DSHS staff, Texas Medicaid and Healthcare Partnership staff, and health-care providers.

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		<ul style="list-style-type: none"> Informing health-care providers and community agencies about the availability of CPW services. <p>Between March 1, 2011, and May 31, 2011, DSHS conducted the following activities to inform health-care providers about CPW services and how to make referrals:</p> <ul style="list-style-type: none"> Displayed materials and presented CPW information at the Women, Infants, and Children Conference. Displayed materials and presented CPW information at the Parent 2 Parent Conference. <p>To coordinate case management services provided by the various agencies that serve class members, DSHS staff works continually to coordinate services with other Health and Human Service agencies. DSHS has an agreement with the Department of Assistive and Rehabilitative Services (DARS) and Early Childhood Intervention (ECI) program for the purpose of coordinating case management services to class members who may qualify for services under both ECI and CPW. DSHS also established a relationship with the Department of Family and Protective Services that ensures children with health conditions in foster care receive appropriate services. In addition, DSHS participates in coordination activities with the Department of Aging and Disability Services (DADS) regarding waiver programs available to children and appropriate transition to DADS programs at age 21.</p> <p>DSHS also participated in the Central Texas Mental Health and Mental Retardation coordination meetings to strengthen relationships between CPW and DARS ECI.</p> <p>DSHS has established a process for the appropriate provision of case management services to children of migrant families. DSHS requires that case managers ensure migrant clients/families receiving case management services are appropriately linked to resources in the geographic areas to which they migrate. Appropriate case management documentation, with the family's permission, must follow families. Case</p>

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		<p>managers must also communicate and coordinate with Medicaid managed care/care coordinators to ensure expedited services for children of migrant workers.</p> <p>See the <i>Activities Report for Medicaid Managed Care Organizations</i>, EXHIBIT 6, for examples of how Medicaid HMOs and PCCM provide case management and care coordination to their members and coordinate with the CPW Program.</p> <p>Texas Medicaid and Healthcare Partnership (TMHP) informs health-care providers about CPW services through visits, recruitment efforts, workshops, in-services, seminars, and bulletins. TMHP made 265 recruitment efforts to enroll CPW providers during this reporting period. These efforts included but were not limited to phone calls and scheduled and drop-in visits to providers.</p>
¶ 270	Defendants will finalize medical case management regulations and implement the program.	Completed.
Case Management CAO	Assessment of Case Management for Children and Pregnant Women.	<p>The contract for the study of Case Management for Children and Pregnant Women (CPW) was awarded to Altarum, Inc. Defendants provided the final report to Plaintiffs' counsel and to the Court, in October 2010</p> <p>Defendants sent Plaintiffs a proposed corrective action plan, as required by the <i>Corrective Action Order: Case Management</i> on April 13, 2011. The parties agreed to extend the conference period to July 12, 2011, but conversations between the parties are ongoing. Updates will be provided in the next QMR.</p>

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Case Management CAO	Case management report for number and percent receiving services.	<p>The second quarter state fiscal year 2011 <i>A Report on Targeted Case Management and Case Management for Children and Pregnant Women Services 2Q of SFY 2011</i> is provided as EXHIBIT 25.</p> <p>The annual state fiscal year 2010 <i>A Report on Targeted Case Management and Case Management for Children and Pregnant Women Services SFY 2010</i> is provided as EXHIBIT 26.</p>

STATEWIDENESS		
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¶¶ 271-280	Revised by 2007 <i>Corrective Action Order: Check Up Reports and Plans for Lagging Counties</i> . Statewideness report will be developed and the report will be provided with July quarterly monitoring reports.	Final reports for receipt of medical and dental services required by the Corrective Action Order: Check Up Reports and Plans for Lagging Counties are provided in <i>A Report on Service Utilization of Texas Health Steps Dental Check up</i>, EXHIBIT 17, and <i>A Report on Service Utilization of Texas Health Steps Medical Check up</i>, EXHIBIT 21.
¶ 281	Defendants will develop a corrective action plan for those counties identified as	The State Fiscal Year 2009 <i>Statewideness Report for Lagging Counties Corrective Action Plan</i> was submitted in the October 2010 QMR. Defendants are implementing the activities identified in the 2009 <i>Statewideness Report for Lagging Counties Corrective Action Plan</i> .

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STATEWIDENESS		
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	lagging counties in the Statewideness report. The Statewideness Corrective Action Plan will be provided with the October Quarterly Monitoring Report.	

MEASUREMENT/ACCOUNTABILITY		
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¶ 283	Report THSteps participation statistics to the federal government every year on the Centers for Medicare and Medicaid Services (CMS) Form 416.	Texas filed a revised 2010 CMS-416 on July 7, 2011 and provides it as EXHIBIT 1. <i>See also</i>, ¶ 2.
¶¶ 284-285	Extended and Revised by 2007 <i>Corrective Action Order: Check Up Reports and Plans for Lagging Counties</i> . Requires report to be submitted in July of each	Final reports for receipt of medical and dental services required by the Corrective Action Order: Check Up Reports and Plans for Lagging Counties are provided as EXHIBITS 17 and 21. <i>See also</i>, ¶¶ 271-280. <u>Medical Checkup Completeness 1st Study Corrective Action</u> HHSC and DSHS continued efforts related to corrective action for the medical checkup

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	year beginning in 2008 and ending in 2011. Reports for children over age two and under age two will be provided.	<p>completeness study.</p> <ul style="list-style-type: none"> • A new set of Child Health Clinical Record forms is available to providers on the Texas Health Steps (THSteps) website at the following link: http://www.hhscdshs.state.tx.us/contract/529120004/announcements.shtml#thsteps/childhealthrecords.shtm. The forms are intended to help providers ensure documentation of all required components of the THSteps medical checkup, but should also serve as a useful tool to providers for all pediatric and young adult patients. • Defendants are developing a single quality assurance tool for THSteps medical records reviews, with a pilot to follow once the tool has been completed. In May 2011, THSteps staff held a meeting with HHSC staff, including representatives of the Office of Medical Director and Health Plan Operations, to receive comments and suggestions for the draft tool. Staff incorporated the suggested changes into the draft tool and are continuing to coordinate with HHSC on implementation of a pilot review period. • Defendants also proposed revisions to THSteps medical policy to clarify documentation requirements. Although Defendants previously reported an expected implementation date of September 1, 2011, a final effective date has not yet been established. The policy has not completed Defendants' full process for medical policy approval. [This process generally includes a rate hearing(s) and executive leadership approval. Certain policy revisions may also require a state plan amendment and/or new or amended rules.] <p><u>Medical Checkup Completeness 2nd Study</u> The following actions were taken after this reporting quarter. Defendants provide this information since more recent updates are available:</p> <ul style="list-style-type: none"> • June 10, 2011, Request for Proposal (RFP) for the 2nd Medical Checkup Completeness Study was posted to the HHSC Business Opportunities web page as RFP 529-12-0004.

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		<ul style="list-style-type: none"> • June 17, Vendor conference was held on June 17, 2011. • July 8, Vendor questions were received and responses were posted as addendums to the RFP. <p>Proposals are due from potential vendors on July 22, 2011. Plaintiffs' counsel has signed non-disclosure and conflicts statements and will receive copies of the proposals for review and comment.</p>
¶ 288 - 289	Extended and Revised by 2007 <i>Corrective Action Order: Health Outcomes Measures and Dental Assessment</i> . With Plaintiffs, choose health outcomes indicators.	<p>The parties agreed to study ten health outcomes indicators:</p> <ol style="list-style-type: none"> 1. Prenatal Care/Risk Appropriate Care 2. Lead Screening and Elevated Blood Lead Level 3. Appropriate Medications for People with Asthma 4. Ambulatory Care Sensitive Conditions 5. Follow-Up Care for Newly Prescribed ADHD Medication 6. Follow-Up After Hospitalization for Mental Health 7. Hospital Readmission Rate 8. Follow-Up After a Failed Newborn Hearing Screen 9. Developmental Screening/Testing 10. Childhood Vaccination Coverage <p>See also, ¶ 296.</p>
¶ 293	Extended and Revised by 2007 <i>Corrective Action Order: Health Outcomes Measures and Dental Assessment</i> . HHSC will propose 12 health outcome measures.	See ¶¶ 288-289, 295.

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¶ 294	The parties will further agree on a target goal for each health outcome indicator.	See ¶¶ 288-289, 295.
¶ 295	Extended and Revised by 2007 <i>Corrective Action Order: Health Outcomes Measures and Dental Assessment</i> . Defendants will report the best available. Proposed study methodology will be presented for Plaintiffs approval.	A summary of the methods used for each indicator was provided in the July 2008 QMR, Exhibit 29. See ¶¶ 288-289.
¶ 296	Defendants will develop corrective action plans to address all matters within Defendants' control to improve results for each health outcome indicator. The corrective action plan will be presented to the Plaintiffs for review within four months of completion of the outcome measures study.	With the receipt of the <i>Texas Medicaid Project Report National Immunization Survey</i> for health outcomes measure 10 on February 28, 2011, Defendants' first study of health indicators was completed. Defendants presented recommendations for corrective action and target goals for nine health outcome indicators to Plaintiffs' counsel on June 30, 2011. The parties previously agreed corrective action for developmental screening was not necessary.
¶ 299	The parties may agree to	See current measures of Health Outcomes Measures referenced in See ¶¶ 288-289, 295.

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MEASUREMENT/ACCOUNTABILITY		
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	revise the health outcomes evaluation system to use MIS data.	

MISCELLANEOUS		
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¶ 300	Defendants may contract with individuals and entities to provide THSteps services, but Defendants remain responsible for the administration of the THSteps program in Texas and compliance with federal THSteps law.	<p>HHSC contracts with multiple vendors and collaborates with multiple state agencies to ensure Texas Health Steps (THSteps) services are provided to class members. HHSC staff and/or their designees, monitor the contracts for quality and compliance. Sanctions applied to Medicaid Health Maintenance Organizations (HMOs) can be found at: http://www.hhsc.state.tx.us/medicaid/ContractorSanctions/index.html.</p> <p>HHSC contracts with multiple vendors and collaborates with multiple state agencies to ensure Texas Health Steps (THSteps) services are provided to class members. HHSC staff and/or their designees, monitor the contracts for quality and compliance.</p>
¶ 303	The Decree contemplates that the parties will reach agreement in the future about several issues. It further contemplates that Defendants' future activities will comport	

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MISCELLANEOUS		
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	with the terms and intent of this Decree. If this proves incorrect, the parties may request relief from this Court. Absent emergency, no party may request relief from the Court without first providing the opposing party with one month's written notice.	
¶ 304	Further, the parties agree to revise deadlines contained in this Decree for all years after 1995. They may also agree to revise the substance of this Decree when new issues arise that were not foreseen when this Decree was entered. All revisions of deadlines and substance will be reasonable, consistent with the spirit of this Decree and consistent with relevant law.	The parties discussed no changes to the Decree during this quarter.
¶ 305	The parties will meet twice a year to consider revisions of deadlines and substance. Will	<i>See also, ¶ 304</i>

¶ indicates reference to Consent Decree paragraph that requires reporting. References to the action required by the Consent Decree are provided in summary form. CAO references provide summary of action required by the 2007 Corrective Action Orders.

**FREW V. SUEHS JULY 2011 QUARTERLY MONITORING REPORT
MARCH 2011 THROUGH MAY 2011**

MISCELLANEOUS		
<i>NEW AND/OR UPDATED INFORMATION IS IN BOLD FONT</i>		
	Summary of Decree or Corrective Action Order Requirements	STATUS
	report any agreed changes to the Court by May 15 and October 15 each year.	
¶ 306	Make monitoring reports to the Court and to the Plaintiffs every January, April, July and October.	
¶ 307	The chart will 1) identify each paragraph in this Decree that obliges the Defendants to act and each required action and 2) state the status of each activity.	
¶ 308	Defendants will provide Plaintiffs with advance notice of any change to the Medicaid program as it relates to THSteps. Defendants will provide advance notice of any THSteps waiver requests, including copy of waiver packet.	

¶ indicates reference to Consent Decree paragraph that requires reporting. References to the action required by the Consent Decree are provided in summary form. CAO references provide summary of action required by the 2007 Corrective Action Orders.